

Received and filed in the office of the Town Clerk Oct. 15, 2008				8:00am
Washington State Burial - Transit Permit				<i>Paul J. Berry</i>
Legal Name (Include AKA's if any) First		Middle	LAST	Suffix
David		Hall	Aldrich	Death Date 5/18/08
Sex (M/F)	Age - Last Birthday	Under 1 Year Months	Under 1 Day Days	Hours Minutes
Male	67			
Birthdate	Birthplace (City, Town, or County)	(State or Foreign Country)		
2/18/1941	Worcester	Massachusetts		

County of Death
Lewis

Part 1 completed by Funeral Director

Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital:		
Facility Name (If not a facility, give number & street or location) 209 Mineral Rd. S. #9		Residence City, Town, or Location of Death Mineral State WA Zip Code 98355		
Method of Disposition Cremation	Place of Final Disposition (Name of cemetery, crematory, other place) Tacoma Crematory		Location-City/Town, and State Tacoma WA	
Name and Complete Address of Funeral Facility Gaffney Funeral Home, 1002 S. Yakima Ave. Tacoma, WA 98405			Date of Disposition 5/27/2008	
Funeral Director Signature X <i>[Signature]</i>				

This Burial Permit Must Accompany Remains to Destination

A Certificate of Death having been Filed as Required by the Laws of the State of Washington,
Permission is Hereby given to Dispose of the Body as Stated Above.

Registrar

Registrar Address	<i>Dawn A. Jenkins</i>	Date Signed (MM/DD/YYYY) MAY 23 2008
Registrar Signature X		

Cemetery or Crematory Fill in Below

This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton.

Sexton

Body was	(Buried or Cremated)	on	CEMETERY OR CEM.	In	Cemetery or Crematory
Place	Signature X				

Return within 10 days to the Registrar of the District in which the cemetery is located.

Out - of - State Destination of Cremated Remains

Name of Cemetery or Facility Rural Cemetery Southborough, MA	Cemetery Mgt: <i>David L. Aldrich</i>
City/Town, and State Cremated remains of David H. Aldrich were buried in Sec.1-C, Lot 1-D, Grv#5A on Sept.25, 2008	

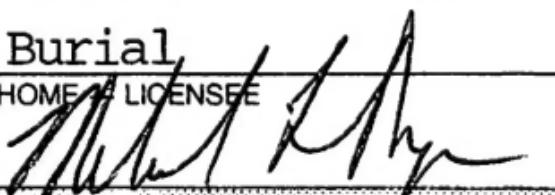
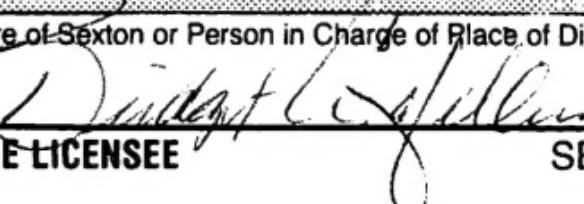
Optional

Office of the Town Clerk Sept. 22, 2003 4:45pm PERMIT NUMBER

Received and filed **BURIAL TRANSIT PERMIT** RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT
MUST
Accompany
Remains
to
DESTINATION

SEXTON
must
return
permit
to City
or Town
Clerk at
Place of
Disposal
on Fifth
of Next
Month

DECEASED — Name	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
Ernest		R.	Axelson	Male	August 27, 2003
RACE	AGE	PLACE OF DEATH (City or town, state)			
White	87	South Kingstown, Rhode Island			
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN STATE
Burial		Rural Cemetery			Southboro MA
FUNERAL HOME — LICENSEE (Signature) 		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)			
Matarese, 325 Main Street, Ashland, Massachusetts 01721					
CERTIFICATION: I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.					
Signature of certifying Physician				Degree or title	
Authorized disposition as stated above occurred on (Date)		SECTION	Lot	Signature of Sexton or Person in Charge of Place of Disposition	
September 1, 2003		6	1A		

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

“FUNERAL HOME LICENSEE”: The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

*Cemetery
file : Agreement for Judgment*

ALDO A. CIPRIANO
ATTORNEY AND COUNSELLOR AT LAW

October 9, 2002

Paul Berry
Southborough Town Clerk
Town House
17 Common Street
Southborough, MA 01772

277 MAIN STREET
VICTORIA BUILDING
SECOND LEVEL • ATRIUM SUITE
MARLBOROUGH, MASSACHUSETTS 01752
TEL. (508) 485-7245
FAX (508) 485-2304

**Re: Aspinwall v. Aspinwall and the Town of Southborough,
Worcester Superior Court Docket No. 2001-02230-C**

Dear Mr. Berry:

Enclosed herewith please find Notice of Docket Entry from the Worcester Superior Court, together with copy of an Agreement for Judgment in the above referenced case.

We have confirmed with the Clerk of Courts Office at the Superior Court that this case is concluded and has been closed out.

Please maintain the attached enclosures with any Complaint or other Pleadings that may have been filed with your office.

Very truly yours,



Aldo A. Cipriano, Esq.
Town Counsel

AAC/lrh

Encl.

cc: Janice Conlin

C:\winword\Town of Southborough\Aspinwall v. Aspinwall and Town of Southborough\Correspondence\Berry.oct.2002.doc

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK OCT.10,2002 2:20PM
"EXHIBIT B"

Commonwealth of Massachusetts
County of Worcester
The Superior Court


PAUL J. BERRY
TOWN CLERK

CIVIL DOCKET#: WOCV2001-02230-C

RE: Aspinwall v Aspinwall et al

TO: Robert P Jachowicz, Esquire
Hargraves Karb Wilcox & Galvani
550 Cochituate Road
PO Box 966
Framingham, MA 01701-0966

NOTICE OF DOCKET ENTRY

You are hereby notified that on 09/24/2002 the following entry was made on the above referenced docket:

Agreement for Judgment (see agreement), copy mailed 9-26-02

Dated at Worcester, Massachusetts this 26th day of September,
2002.

Corinne L. Gorman,
Clerk of the Courts

BY: Alexander Rodriguez, III
Assistant Clerk

Telephone: 508-770-1899, Ext. 125 or Ext. 105 (Session Clerk)

"EXHIBIT A"**COMMONWEALTH OF MASSACHUSETTS
SUPERIOR COURT DEPARTMENT OF THE TRIAL COURT**

WORCESTER, SS

CIVIL ACTION NO 01-2230

PATRICIA ASPINWALL,)
Plaintiff)
v.)
STEPHEN ASPINWALL, et. al.)
Defendants)

AGREEMENT FOR JUDGMENT

The parties stipulate and agree that a judgment shall enter as follows:

1. Judgment shall enter for the plaintiff Patricia Aspinwall for equitable relief on her complaint as follows: The plaintiff Patricia Aspinwall is authorized to exhume and relocate Frank Aspinwall's remains from his present resting place in the Southborough Rural Cemetery to one of the four lots owned by Patricia Aspinwall in another location in the same cemetery, the cost of said relocation and restoration of the existing plot (filling and reseeding) will be at the expense of Patricia Aspinwall. The Defendants agree that Frank Aspinwall's remains will not thereafter be moved, the new resting place will be the final resting place, and the Plaintiff agrees that the Defendants may leave their headstone as is, which presently has Frank Aspinwall's name engraved on it.
2. The cemetery supervisor, Bridget A. Gilleney is hereby ordered to permit and/or facilitate said relocation.
3. Judgment shall enter for the defendants/plaintiffs in counterclaim, Stephen Aspinwall, Deborah Mattioli, and Linda Markarian on their counterclaim in the amount of \$4,100.00.
4. All parties waive all rights of appeal.

Patricia Aspinwall
by her attorneys
Hargraves, Karb, Wilcox & Galvani, LLP


Robert P. Jachowicz, BBO 248380
550 Cochituate Road, P. O. Box 966
Framingham, MA 01701-0966
(508) 620-0140

Stephen Aspinwall, Deborah Mattioli, Linda Markarian
by their attorney,

9-3-02

Christopher Maffucci BBO 645972
Casener and Edwards, LLP
One Federal Street
Boston MA 02110
(617) 426-5900

X 325

Town of Southborough
Department of Public Works
Cemetery Division
by its attorney

Frederick Busconi BBO 067500
392 Union Avenue
Framingham MA 01702
(508) 820-1111

**State of Florida, Department of Health, Bureau of Vital Statistics****BURIAL TRANSIT PERMIT**

DATE PRINTED: October 2, 2018

RECEIVED
TRACKING NUMBER: 2016198019
FLORIDA DEPARTMENT OF HEALTH**1.****DECEDENT INFORMATION****Name of Deceased**

EDWARD G BRIDGES

2016 OCT 22 Date of Death

December 22, 2016

Place of Death - County

SARASOTA

City, Town or Location

SARASOTA

Name of facility, or street address if not a facility

SARASOTA MEMORIAL HOSPITAL

Name and Address of Funeral Home/Direct Disposal Establishment

GENDRON FUNERAL & CREMATION SERVICES INC-SARASOTA F065945

135 NORTH LIME AVENUE
SARASOTA, FLORIDA, 34237**Fla. Lic. No./Reg. No.**

F065945

Phone Number

(941) 365-1767

Funeral Director/Direct Disposer

MICHAEL GENDRON

Fla. Lic. No./Reg. No.

F042014

Medical Verification Statement

Dana at the certifying physician's office, was contacted on 12/22/2016 by the funeral director listed above; he/she indicated that KEVIN JOSEPH DUNN, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.**BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2016-F065945-5330

Date Issued: December 22, 2016

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 12

Approval Number: C17-00019

4.**CEMETERY OR CREMATORY**

Place of Disposition: BURL CEMETERY, SOUTH BURL, MA

Method of Disposition: BURIAL OF Cremated Remains

Date of Disposition: 12-15-2016

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

COPY



State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: February 28, 2017

TRACKING NUMBER: 2017034588

1.

DECEDENT INFORMATION

Name of Deceased

JAMES R BATEMAN

Date of Death

February 27, 2017

Place of Death - County

SARASOTA

City, Town or Location

VENICE

Name of facility, or street address if not a facility

VENICE REGIONAL BAYFRONT HEALTH

Name and Address of Funeral Home/Direct Disposal Establishment

BERGEN FUNERAL SERVICE INC F039998
3107 DAVIS BLVD
NAPLES, FLORIDA, 34104

Fla. Lic. No./Reg. No.

F039998

Phone Number

(800) 338-3761

Funeral Director/Direct Disposer

CATHERINE E. MILLER

Fla. Lic. No./Reg. No.

F047506

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2017-F039998-5228

Date Issued: February 27, 2017

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4.

CEMETERY OR CREMATORY

Place of Disposition: RURAL CEMETERY

Method of Disposition: REMOVAL FROM STATE

Date of Disposition:

Feb. 27, 2017

Mar. 9, 2017

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 328E, 10/12

64V-1.011, Florida Administrative Code

RECEIVED
TOWN CLERK'S OFFICE
2017 MAR 13 P 3: 01
SOUTHBOROUGH, MA

RECEIVED
TOWN CLERK'S OFFICE ✓

2016 JUN 3 A 12:26



**State of Florida, Department of Health, Bureau of Vital Statistics
SOUTHBOROUGH, MA
BURIAL TRANSIT PERMIT**

DATE PRINTED: January 6, 2016

TRACKING NUMBER: 2015196345

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
ELSIE BAVERI	December 30, 2015	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
HILLSBOROUGH	RUSKIN	SUN CITY SENIOR LIVING
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
NATIONAL CREMATION & BURIAL SOCIETY - RUSKIN F041736	F041736	(813) 645-3231
308 E COLLEGE AVE RUSKIN, FLORIDA, 33570		
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
MICHAEL WEAKLAND	F081764	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2015-F041736-5329

Date Issued: December 30, 2015

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 13 Approval Number: 16-00113Q

4.

CEMETERY OR CREMATORIAL

Place of Disposition: Rural Cemetery, Southborough, MA Sec.B-East,Lot 23, Grv#2A
Method of Disposition: Burial of cremated remains Date of Disposition: May 27, 2016

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

Cemetery Agent

Received and filed in the Office of the Town Clerk Sept. 5, 2002 3:00pm

DISTRIBUTION OF COPIES: Place of Final Disposition
 Place of Death

Place Permit Issued
 Issuing Clerk - Retain Until
 Endorsement Received

STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES

Paul J. Berry
 Paul J. Berry
 Town Clerk

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Sheila Wood Baker				2. DATE OF DEATH (Mo., Dy., Yr.) June 25, 2001
3. SEX F	4. AGE 62	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) Wells, Maine	(State)
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Bibber Memorial Chapel, 111 Chapel Rd, Wells, ME 04090				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 01615
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment				
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment				

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
 THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR <i>Douglas R. Baker</i>	11. CITY OR TOWN <i>Wells</i>	12. DATE SIGNED (Mo., Dy., Yr.) <i>June 26, 2001</i>
DISPOSITION		
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE →	13. NAME OF CEMETERY OR VAULT	14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
16. REMAINS WERE: <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORIUM, MEDICAL SCHOOL, OR OTHER DESTINATION Laurel Hill Crematory	18. LOCATION (City or Town) (State) Saco, Maine
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>James Krell</i>	
20. DISPOSITION OF CREMAINS: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT Rural Cemetery Section 13, Lot 37 Grave# A	22. LOCATION (City or Town) (State) Southborough, MA
	23. SIGNATURE OF RESPONSIBLE PERSON → <i>Gerald C. Krell</i>	
<input type="checkbox"/> REMAINS WERE DISINTERRED →	25. NAME OF CEMETERY OR VAULT	26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL	
		28. DATE (Mo., Dy., Yr.) <i>8/24/2002</i>

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Burial 5/31/05 Pg 435 Sec. B-East, Lot 30N, Grv#1A, F.H. n/a Donald Banks (son) made arrangements round marble Urn

Certificate For Burial Of Cremated Remains

Issued by

PHOENIX CREMATORY

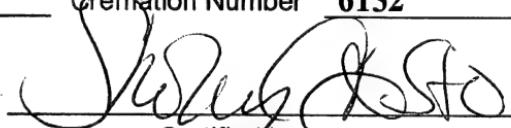
Hampton, New Hampshire

I hereby certify that the burial permit and the medical examiner's certificate prerequisite to
cremating the body of Donald R. Banks

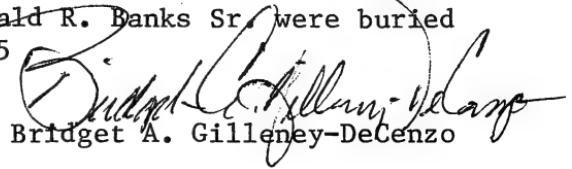
late of Dover, New Hampshire have been duly presented, the same showing the
death occurred at Dover, New Hampshire on May 25, 2005

Age 81 Date of Cremation 05/30/2005 Cremation Number 6132

Date 05/30/2005


Certified by

I hereby certify that the cremated remains of Donald R. Banks Sr. were buried
in Rural Cemetery of Southborough, MA on May 31, 2005


Bridget A. Gilleney-DeCenzo

FORM BT-1, 1/96

Paul J. Berry

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT				1. BURIAL PERMIT NO
				2. CITY OR TOWN
				Paul J. Berry Town Clerk
3. DECEDENT'S NAME (First, Middle, Last) ELEANOR JOYCE BANKS				4. SEX FEMALE
5. DATE OF DEATH (Month, Day, Year) MARCH 18, 2007				
6. AGE 82 Years	7. DATE OF BIRTH (Month, Day, Year) MARCH 20, 1924	8. CITY, TOWN, OR LOCATION OF DEATH DOVER		9. COUNTY OF DEATH STRAFFORD
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHOENIX CREMATORY		12. LOCATION (City/Town, State) HAMPTON, NH
		14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL RURAL CEMETERY		13. DATE OF DISPOSITION (Refer to 19a) MARCH 20, 2007
CODE: 3				15. LOCATION (City/Town, State) SOUTHBORO, MA
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR ROBERT T MARGGRAF		17. N.H. LIC. NO ONLY 968	18. NAME AND LOCATION OF FACILITY (City/Town, State) TASKER FUNERAL HOME, DOVER, NH	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) GROVER L TASKER SR			20. CITY/TOWN DOVER	21. DATE ISSUED (Month, Day, Year) MARCH 20, 2007
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Cremation</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>3-26-07</i>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Rural Cemetery Southboro, MA</i>	
30. SECTION <i>Section, Lot 30</i>	31. GRAVE NO. <i>18</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Paul J. Berry</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

RECEIVED



RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JULY 17, 2002 AT 10:00 AM

State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

PAUL J. BERRY, TOWN CLERK

A. (TYPE)				Date of Death	Month	Day	Year	
1. Name of Deceased	First Anna	Middle M.	Last Believeau					
2. Place of Death County	City, Town or Location Brevard		Name of (If neither, give street address) Hosp. or Inst. 1136 Pinetree Drive					
3. Name of Medical Certifier Satish Mital, M.D.	Address 290 Michigan Avenue Melbourne, Florida 32901				Phone Number (321) 727-0911			
4. Name of Funeral Home/Direct Disposal Establishment Beach Funeral Home East Chapel	Address 1689 S. Patrick Drive Indian Harbour Beach, FL 32937	Fla. Lic. No./Reg. No. 1491	Phone No. (Area Code) (321)777-4640					
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.							
6. Funeral Director/ Direct Disposer	Signature David P. Molineaux	F.E. No./Reg. No. 1929	Date Signed June 26, 2002					

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 1491-02-149

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: 06/26/02

Date Certificate

Due:

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer: _____ Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

CEMETERY OR CREMATORIAL

Method of Disposition: <input checked="" type="checkbox"/> BURIAL	Place of Disposition Southborough Rural Cemetery Southborough, MA
<input type="checkbox"/> STORAGE	Date of Disposition June 28, 2002
<input type="checkbox"/> CREMATION Signature of Sexton or Person-in-Charge }	<input checked="" type="checkbox"/> OTHER (Specify) Removal from state

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
- c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL — TRANSIT PERMIT

RECEIVED
8-18-93
CQ 37 A.M.

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
PATRICIA			BERARD		AUGUST 8, 1993		
2. Place of Death County	City, Town or Location			Name of (If neither, give street address) Hosp. or Inst. DeLuxe Care Inn			
PINELLAS	South Pasadena						
3. Name of Medical Certifier	Medical Examiner		Address		Phone Number		
Harpreet Singh, M.D.	2525 Pasadena Ave. South, South Pasadena, FL				360-0852		
X	Physician						
4. Name of Funeral Home/ Direct Disposer	Address		Fla. Lic. No./Reg. No.	Phone Number (Area Code)			
Mathews-Palms Memorial Funeral Directors, Inc.	2025-9th St.S St.Petersburg, FL 33705		1346	813-822-4011			
5. Check Appropriate Box	a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b <input checked="" type="checkbox"/> <u>Dorothy</u> was contacted on <u>8/8/93</u> within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>Dr. Singh</u> will complete and sign the medical certification of cause of death. c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
6. Place of Final Disposition:	In state cemetery/ <input type="checkbox"/> crematory - name/county:		Removal		<input checked="" type="checkbox"/> from state <input type="checkbox"/> Donation		
7. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.		Date Signed			
<u>Donald Dye</u>		000973		Aug. 8, 1993			

B.

BURIAL — TRANSIT PERMIT

Permit No. 1346-4411

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature

William B. Bishop Date Issued: 8-9-93 Date Certificate Due: 8/20/93

C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Signature _____, Medical Examiner Date _____
or _____

Medical Examiner, _____, gave authorization by telephone to _____

Funeral Director/Direct Disposer. Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Methods of Disposition:

BURIAL
 CREMATION

STORAGE
 OTHER (Specify)

Signature of Sexton)
or Person-in-Charge)

Budget C. Hallinan

Place of Disposition _____
Date of Disposition August 11, 1993

Rural Cemetery
Southborough, MA

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type or print name of deceased and date of death.
2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name and address of the physician or Medical Examiner who you determine is to provide the medical certification of cause of death.
4. Indicate name, address, and telephone number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires signature of applicant, Florida License/Registration number, and date application signed.

BURIAL—TRANSIT PERMIT

Section B.

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

Section C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

Section D.

CEMETERY OR CREMATORY

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: August 19, 2015

2015 OCT 19 A 9:31

SOUTHBOROUGH, MA

TRACKING NUMBER: 2015122548

1.

DECEDENT INFORMATION

Name of Deceased		Date of Death
LAURA BERTHA BERNARD		August 10, 2015
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
HERNANDO	BROOKSVILLE	OAK HILL HOSPITAL
Name and Address of Funeral Home/Direct Disposal Establishment	Fia. Lic. No./Reg. No.	Phone Number
TURNER FUNERAL HOMES, CREMATORIAL & CEMETERY - SPRING HILL F078977	F078977	(352) 796-9661
14360 SPRING HILL DR SPRING HILL, FLORIDA, 34609		
Funeral Director/Direct Disposer	Fia. Lic. No./Reg. No.	
STEVEN M. DUNN	F046798	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number: 2015-F078977-5184

Date Issued: August 11, 2015

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 5

Approval Number: 07333

4.

CEMETERY OR CREMATORIAL

Place of Disposition: Rural Cemetery, Southborough, MA Sec.1-B, Lot C-2, Grv#1A

Method of Disposition: Burial of cremated remains Date of Disposition: October 17, 2015

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL — TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First Mary	Middle F.	Last Biondi	DATE OF DEATH	Month March	Day 9	Year 1990
2. Place of Death County	City, Town or Location Broward Fort Lauderdale		Name of Hosp. or Inst.	(If neither, give street address) North Beach Hospital			
3. Name of Medical Certifier	<input type="checkbox"/> Medical Examiner		Address		Phone Number		
	<input checked="" type="checkbox"/> Physician		6405 N. Federal Highway, Ft. Lauderdale, Fl. 938-0037				
4. Name of Funeral Home/ Direct Disposer	Address 4343 N. Federal Highway Ft. Lauderdale, Fl. 33308		Fla. Lic. No./Reg. No.	Phone Number (Area Code) 407 305 492-4000			
5. Check Appropriate Box	a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b <input checked="" type="checkbox"/> Dr. Azar was contacted on 3-12-90 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that He will complete and sign the medical certification of cause of death. c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
6. Place of Final Disposition:	Rural Cemetery Southborough, Mass.	In state cemetery/ <input checked="" type="checkbox"/> crematory - name/county:	<input checked="" type="checkbox"/> Removal from state		<input type="checkbox"/> Donation		
7. Funeral Director/ Direct Disposer	Signature Anthony J. Ceraso		F.E. No./Reg. No. FE3192	Date Signed March 10, 1990			

B.

BURIAL — TRANSIT PERMIT

Permit No. 407-9892

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature Frances C. Drap, Sub Reg. Date Issued: March 12, 1990 Date Certificate Due: _____

C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Signature _____, Medical Examiner Date _____

or

Medical Examiner, _____, gave authorization by telephone to _____

Funeral Director/Direct Disposer. Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORIUM

Methods of Disposition:

 BURIAL CREMATIONSignature of Sexton
or Person-in-Charge) _____ STORAGE OTHER (Specify)

Place of Disposition Rural Cemetery Southborough, Mass.

Date of Disposition March 13, 1990

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type or print name of deceased and date of death.
2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name and address of the Medical Examiner or physician who you determine is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Indicate place of disposition; check appropriate box.
7. Requires signature of applicant, Funeral Director/Registration number, and date application signed.

BURIAL—TRANSIT PERMIT

Section B.

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

Section C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

Section D.

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



Received and filed in the Office of the Town Clerk Sept. 30, 2004 4pm

State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry, Town Clerk

A. (TYPE)			Date	Month	Day	Year
1. Name of Deceased	First Allison	Middle R.	Last Booth	of March 27, 2004		
2. Place of Death	City, Town or Location County Brevard Melbourne		Name of (If neither, give street address) Hosp. or Inst. Atlantic Shores			
3. Name of Medical Certifier	Raymond Adamick	Address 5303 Babcock Street NE Palm Bay, Florida 32905			Phone Number 321-727-9009	
4. Name of Funeral Home/Direct Disposal Establishment	Fountainhead Funeral	Address 7303 Babcock Street SE Palm Bay, Florida 32909	Fla. Lic. No./Reg. No. FH1442	Phone No. (Area Code) 321-727-3977		
5. Check appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> <u>Malinda</u> was contacted on <u>March 29, 2004</u> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>Dr. Raymond Adamick</u> will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.					
6. Funeral Director/ Direct Disposer	<u>John R. Booth</u> Signature		F.E. No./Reg. No. FE5993	Date Signed March 30, 2004		

B

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. **FH1442-85-04**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar

Subregistrar Signature

Date

Issued:

Date Certificate

Due:

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number:

004-04-022

Date

Apr. 15, 2004

Medical Examiner,

, gave authorization by telephone to **SUSAN PIERCE**

Funeral Director/Direct Disposer

Date

Apr. 15, 2004

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____
2. Date Temporary Certificate was filed with Local Registrar: _____
3. Date Permanent Certificate was filed with Local Registrar: _____
4. Follow-up efforts & activities (Note parties & dates contacted): _____
5. Name and place of disposition: _____
6. Funeral Director/Direct Disposer Report Filed: Yes _____ No _____ Date Filed: _____

I hereby certify that the cremated remains of Allison R. Booth were buried at Rural Cemetery Southborough, MA in Lot No.15, Sec. D, & in Grv#1A on Sept.21, 2004

FUNERAL DIRECTOR/DIRECT DISPOSER COPY

Bridget A. Gilleney-DeCenzo

ED
S OFFICE

A 9:16

MD

CREMATION CERTIFICATE



Date JUNE 26, 2012

East Bay Crematory, Inc. Certifies that the Burial Permit and Certificate of the Medical Examiner prerequisite to the cremation of the body of ELEONORA F. BURKE who died on JUNE 22, 2012 have been duly presented.

East Bay Crematory, Inc.
East Providence, R.I. 02914
401-438-1135

Cremation No. 12-8483

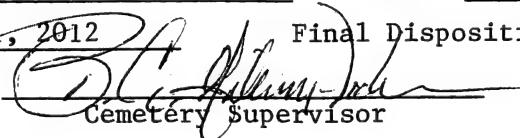
Cremation Date 7-3-12

I hereby certify that the cremated remains of Eleonora F. Burke accompanying this certificate was disposed of in accordance with it's terms.

At Rural Cemetery Town Southborough, MA

on August 11, 2012 Final Disposition C-West, Lot 53N, Grv#2A

Certified by


Cemetery Supervisor

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

RECEIVED
TOWN CLERK'S OFFICE

2011 APR - 5 AM 11:46

STATE OF NEW HAMPSHIRE
BURIAL TRANSIT PERMIT

1. BURIAL PERMIT NO

SOUTHBOROUGH, MA

3. DECEASED'S NAME (First, Middle, Last)
IRENE BURKE4. SEX
FEMALE5. DATE OF DEATH (Month, Day, Year)
MARCH 23, 20116. AGE
82 Years 7. DATE OF BIRTH (Month, Day, Year)
AUGUST 25, 1928 8. CITY, TOWN, OR LOCATION OF DEATH
PORTSMOUTH 9. COUNTY OF DEATH
ROCKINGHAM

10. METHOD OF DISPOSITION (1. Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):

CODE: 1

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETARY

12. LOCATION (City/Town, State) SOUTHBOROUGH, MA

13. DATE OF DISPOSITION (Refer to 19a) MARCH 26, 2011

14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL

15. LOCATION OF FINAL DISPOSITION (City/Town, State)

A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:

16. FUNERAL DIRECTOR ROBERT K GRAY JR 17. N.H. LIC. NUM ONLY 794

18. NAME AND LOCATION OF FACILITY (City/Town, State) ROBERT K GRAY JR FUNERAL HOME, HAMPTON, NH

19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.)
ROBERT K GRAY JR 20. CITY/TOWN
PORTSMOUTH 21. DATE ISSUED (Month, Day, Year)
MARCH 23, 2011

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault) 23. DATE STORED (Month, Day, Year) 24. CITY/TOWN, STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT 26. DATE ISSUED (Month, Day, Year)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

27. TYPE OF DISPOSITION (Cremated, buried, etc.)
Buried 28. DATE OF DISPOSITION
(Month, Day, Year)
3/26/2011 29. NAME AND LOCATION OF CEMETERY OR VAULT
(City/Town, State)
Rural Cemetery
Southborough, MA

30. SECTION F 31. GRAVE NO. 17 32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton), must be forwarded within six days to the clerk of the town in which the disposition takes place.

RECEIVED
PROSECUTOR'S OFFICE

2715 AUG 11 P 3:11

SOUTHBOROUGH, MA

MJ

BURIAL - TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

DECEASED - FIRST NAME	MIDDLE	LAST	SEX	Permit number DATE OF DEATH (Month, day, year)
Kevin	Philip	Burke	Male	6-18-2015
RACE White	AGE 70	PLACE OF DEATH (City or town, state) South Kingstown, Rhode Island		
BURIAL, CREMATION, DONATION, OTHER (Specify) Burial of cremated remains Sec.C-West, Lot 53n, Grv#1A		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Rural Cemetery		CITY OR TOWN Southborough, MA STATE
FUNERAL HOME - LICENSEE Signature <i>Jay A. Storti</i>		FUNERAL HOME - Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) Avery-Storti 88 Columbia st Wakefield, RI02879		
CERTIFICATION: I certify that death occurred from natural causes, that (see Reverse Side) referral to the Medical Examiner is NOT required, and that permission is hereby granted to dispose of this body. Signature of Physician <i>Jay A. Storti</i>		Degree or title <i>MD</i> Date signed <i>6-18-2015</i>		
Authorized disposition as stated above occurred on (Date) August 8, 2015	Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition <i>J. C. Kelley-h</i>	
THIS PERMIT VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE				
SEE OTHER SIDE				

PERMIT MUST
Accompany
Remains to
DESTINATION

SEXTON must
return permit to
City or Town
Clerk at Place of
Disposal on Fifth
of Next Month

Paul J. Berry
 Paul J. Berry, Town Clerk

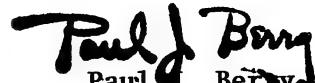
FORM BT-1, 1/96

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT				1. BURIAL PERMIT NO
				2. CITY OR TOWN
3. DECEDENT'S NAME (First, Middle, Last) CHARLES LOWELL BURNETT				4. SEX MALE
5. DATE OF DEATH (Month, Day, Year) FEBRUARY 18, 2005				
6. AGE 85 Years	7. DATE OF BIRTH (Month, Day, Year) MARCH 20, 1919	8. CITY, TOWN, OR LOCATION OF DEATH EXETER		9. COUNTY OF DEATH ROCKINGHAM
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: 3		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) BREWITT CREMATORY		12. LOCATION (City/Town, State) EPPING, NH
		14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		13. DATE OF DISPOSITION (Refer to 19a) FEBRUARY 21, 2005
				15. LOCATION (City/Town, State)
[REDACTED]				
16. FUNERAL DIRECTOR MIGUEL J BREWITT		17. N.H. LIC. NO ONLY 815	18. NAME AND LOCATION OF FACILITY (City/Town, State) BREWITT FUNERAL SERVICE AND CREMATORY, EXETER, NH	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if add.) THOMAS BREWITT			20. CITY/TOWN EXETER	21. DATE ISSUED (Month, Day, Year) FEBRUARY 18, 2005
[REDACTED]				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
[REDACTED]				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Cremated remains were buried in Burnett Burial Park		28. DATE OF DISPOSITION (Month, Day, Year) 2/25/05	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Burnett Burial Park Southborough, MA 01772	
30. SECTION North West cnr	31. GRAVE NO. north of 2.5'	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Paul J. Berry - J. L. Berry</i>		

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

Buried in Urn made of wood 18"x 12"x8"

Received and filed in the Office of the Town Clerk July 25, 2003 2:00pm

CREMATION PERMIT
VS-48 Revised 6/7/98STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION


 Paul J. Berry
 Town Clerk

REQUEST	REQUEST FOR PERMISSION TO CREMATE THE REMAINS OF (Name of Deceased)	SEX	AGE
	<i>Esther Burnett</i>	<input type="checkbox"/> Male	85
	RESIDENCE	<input checked="" type="checkbox"/> Female	
	88 Natch Hill Rd, North Branford		
WHO DIED IN (Town)	DATE	AT	
North Branford	9/21/03	5:30 <input checked="" type="checkbox"/> AM	
SIGNATURE (Funeral Director)	SIGNATURE (Petitioner Member of Family)		
<i>Harold J. J.</i>	<i>Philip M. Burnett</i>		
PERMIT	A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.	SIGNED (Registrar of Vital Statistics)	
CREMATION	This is to certify that the remains of the deceased named above was cremated.	DATE	AT
	AT <i>Evergreen Cemetery</i>	SEP 25 2003	8:35 <input checked="" type="checkbox"/> AM
	EVERGREEN CEMETERY ASSOCIATION 789 ELLA GRASSO BOULEVARD NEW HAVEN, CT 06519	SIGNATURE (Superintendent or person in charge of cemetery)	
		<i>Anthony Casillo</i>	

CREMATION PERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCURRED.

Under CGS Sec. 19-a-322 & 19-a-323, as amended

Date of Burial June 21, 2003

Name of Cemetery Burnett Burial Park
Southborough, MA

Loc. N.E. Corner

Person making arrangements Barbara Kantner Relation Daughter

Supervisor in Charge *Bridget A. Gilleney*
Bridget A. Gilleney

BREWITT CREMATORIAL CORPORATION

9 Pleasant Street, Epping, NH 03042

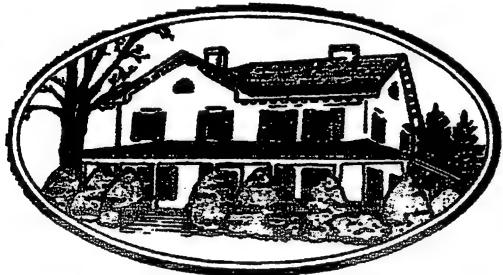
RECEIVED
TOWN OF SOUTHBOROUGH OFFICE

2013 APR - 2 A 9:5

SOUTHBOROUGH

*Burial Certificate*FOR
THE CREMATED REMAINS
OFName Mathilde Burnett No. 3453

This certificate should accompany the remains to the destination.

*Brewitt Crematory*9 PLEASANT STREET
EPPING, NEW HAMPSHIRE**CREMATION CERTIFICATE**

I hereby certify that the burial permit and the medical examiner's certificate prerequisite to

cremating the body of Mathilde Burnettlate of Exeter, NH have been duly presented, thesame showing that death occurred at 11:00 A.M. on March 20, 2013and Dementia as cause thereofAge 88 Date of Cremation 3/22/13 Cremation Number 3453Date March 22, 2013

Brewitt Crematory

I hereby certify that the cremated remains of Mathilde Burnett
Accompanying this certificate was disposed of in accordance with it's termsAt Rural Cemetery Town Southborough, MAon March 30, 2013 Final Disposition Burnett Burial ParkCertified by Cemetery Supervisor, Town of Southborough

Burial Date 6/21/03 Loc. N.E corner of Burnett Burial Park Cem.Supr. - <i>Knight & Gilligan</i>		
REG-21 Revised 3/97	State of New Jersey BURIAL, CREMATION, OR TRANSIT PERMIT	
City, Borough, or Township <i>Westfield, N.J.</i>		Date of Issuance <i>6/13/03</i>
The Certificate of Death having been filed with me, as required by the laws of this State, permission is hereby given for the transportation, removal, burial, cremation, or other final deposition of the body of:		
Name of Deceased <i>Philip Mason Burnett</i>	Age <i>94</i>	Sex <i>Male</i>
Place of Death (municipality) <i>Chathorne Lp., N.J.</i>	Date of Death <i>01/13/03</i>	Time of Death <i>12:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Cause of Death <i>Pneumonia</i>		
Proposed Place and Method of Final Disposition	<input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Burial- <i>Remains</i> <input type="checkbox"/> Entombment	
Place <i>Burnett Mem. Park</i>	City <i>Southboro</i>	State <i>Ma.</i>
Transportation by Common Carrier	If Yes, Name of Carrier	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name and Address of Funeral Home <i>Gray Funeral Home</i>	<i>318 E Broad Street, Westfield, N.J.</i>	
Signature of Registrar of Vital Statistics <i>Marylou Fashko</i>		
THE LEGAL FEE FOR THIS PERMIT IS \$1.00.		PENALTY FOR DISPOSAL WITHOUT PERMIT \$50 to \$100.
©G5632		

Received and filed in the Office of the Town Clerk

July 25, 2003

Paul J. Berry
Paul J. Berry
Town Clerk

STATE OF NEW JERSEY
**BURIAL, CREMATION, OR
TRANSIT PERMIT**

State law requires that no person shall cremate a dead human body unless at least 24 hours have elapsed from time of death listed on death record.

Philip Mason Burnett

(NAME OF DECEASED)

June 21, 2003

(DATE OF BURIAL OR ENTOMBMENT)

AM

PM

at _____

(DATE AND TIME OF CREMATION)

Philip J. Hellman
(SIGNATURE OF SUPERINTENDENT OF CEMETERY OR CREMATORIUM)

This permit must be delivered to the superintendent of the cemetery or crematorium where burial, entombment, or cremation is to take place, who should fill in the spaces above and forward it within ten days to the Registrar of Vital Statistics, of the district in which the cemetery or crematorium is located.

When burial takes place in a cemetery which has no person in charge, the spaces above should be filled in by the funeral director, who should write "no person in charge" on the line for signature of superintendent of cemetery and file the permit with the Registrar of Vital Statistics, of the district in which the cemetery is located. The law requires that this be done within ten days after burial.

PERMIT NUMBER

BURIAL-TRANSIT PERMIT

RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT
MUST
Accompany
Remains
to
DESTINATION

DECEASED — Name	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
Barbara	Anne	BYRNE		Female	Dec. 15, 2001
RACE	AGE	PLACE OF DEATH (City or town, state)			
White	89	Cumberland, RI			
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		CITY OR TOWN	STATE
Burial		Southborough Rural Cemetery		Southborough	MA
FUNERAL HOME — LICENSEE <i>(Signature)</i>		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)			
J. J. Duffy Funeral Home 757 Mendon Road Cumberland, RI 02864					
CERTIFICATION: I verify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.					
Signature of certifying Physician		Degree or title		Date signed	
<i>L. M. Kelly</i>		<i>MD</i>		<i>Dec. 17</i>	
Authorized disposition as stated above occurred on (Date)		Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition	
December 18, 2001		N/A	5 2nd flr	<i>D. J. Duffy</i>	

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am

PERMIT
MUST
Accompany
Remains
to
DESTINATION

SEXTON
must
return
permit
to City
or Town
Clerk at
Place of
Disposal
on Fifth
of Next
Month

BURIAL-TRANSIT PERMIT				RHODE ISLAND DEPARTMENT OF HEALTH		PERMIT NUMBER
DECEASED — Name	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)	
DEBRA ELLEN BYRNE				Female	JUL 5 2002	
RACE	AGE	PLACE OF DEATH (City or town, state)				
White	48	Burrillville RI				
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)				CITY OR TOWN STATE
Cremation		Rural Crematory				Worcester MA
FUNERAL HOME — LICENSEE		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)				MA, 01749
(Signature) Henry K. Carleton, Jr.		Merrill-Carleton F. H. 1 Pleasant St., Hudson				
CERTIFICATION: I certify that death occurred from natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.						
		MD		7/5/02		
Signature of certifying Physician		Degree or title		Date signed		
Authorized disposition as stated above occurred on (Date)		Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition		
October 31, 2002		Sec.1-C	D-3			
THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE SEE OTHER SIDE						

Burial of cremated remains occurred on 10/31/02

RECEIVED
TOWN CLERK'S OFFICE

State of Florida, Department of Health, Bureau of Vital Statistics
2017-SEP-V3-A-8-1b

BURIAL TRANSIT PERMIT



DATE PRINTED: August 24, 2017

SOUTHBOROUGH, MA

TRACKING NUMBER: 2017126368

1.

DECEDENT INFORMATION

Name of Deceased

ROBERT R COX

Date of Death

August 5, 2017

Place of Death - County

MANATEE

City, Town or Location

BRADENTON

Name of facility, or street address if not a facility

MANATEE MEMORIAL HOSPITAL

Name and Address of Funeral Home/Direct Disposal Establishment

COVELL FUNERAL HOME & CREMATION SERVICES F041194
4232 26TH ST W
BRADENTON, FLORIDA, 34205

Fla. Lic. No./Reg. No.

F041194

Phone Number

(941) 739-5500

Funeral Director/Direct Disposer

SALVATORE W. CORIALE

Fla. Lic. No./Reg. No.

F042468

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2017-F041194-5170

Date Issued: August 8 2017

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 12

Approval Number: C17-04033

4.

CEMETERY OR CREMATORY

Place of Disposition: *River Connections, Southborough, MA*

Method of Disposition: *Cremation* Date of Disposition: *Aug. 31, 2017*

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

RECEIVED
TOWN OF SOUTHBOROUGH OFFICE
2016 OCT -6 P 1:10
SOUTHBOROUGH, MA

BURIAL - TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH					Permit number
DECEASED - FIRST NAME Doris		MIDDLE Louise	LAST CAMERON	SEX Female	DATE OF DEATH (Month, day, year) SEPTEMBER 5, 2016
RACE White		AGE 98	PLACE OF DEATH (City or town, state) Cumberland, Rhode Island		
BURIAL, CREMATION, DONATION, OTHER (Specify) Cremation		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Western Hills Crematory Cranston, RI		CITY OR TOWN STATE	
FUNERAL HOME - LICENSEE Butterfield Home and Chapel, Inc Signature: <i>[Signature]</i>		FUNERAL HOME - Name and Address (Number, Street name, City or Town, State, and Zip Code) 500 Pontiac Avenue Cranston, Rhode Island 02910			
CERTIFICATION: I, the undersigned, deceased from natural causes, that (See Reverse Side) refers to the Medical Examiner is NOT required; and that permission is hereby granted to Physician Signature: <i>[Signature]</i>		Degree or title MD		Date signed SEPTEMBER 7, 2016	
Authorized disposition as stated above occurred on (Date) 9-10-16		Lot 160		Signature of Sexton or Person in Charge of Place of Disposition [Signature]	
THIS PERMIT VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE					
SEE OTHER SIDE					

Place of Disposition Rural Cemetery, Southborough, MA
 Method of Disposition Burial of Cremated Remains Lot 160, Sec. 4
 Date of Disposition OCTOBER 3, 2016
 Certified by B. L. Williams - M. Commercial Agent

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO <i>BT-12015-100</i>	
3. DECEDENT'S NAME (First, Middle, Last) DONALD CATINEAU		4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) JANUARY 12, 2015
6. AGE 53 Years	7. DATE OF BIRTH (Month, Day, Year) MAY 9, 1961	8. CITY, TOWN, OR LOCATION OF DEATH SWANZEY	9. COUNTY OF DEATH CHESHIRE
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): 			CODE: 1
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY			
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA			
13. DATE OF DISPOSITION (Refer to 19a) JANUARY 19, 2015			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO			
16. FUNERAL DIRECTOR CARL A MICHAUD		17. N.H. LIC. NUM ONLY 843	
18. NAME AND LOCATION OF FACILITY (City/Town, State) MICHAUD FUNERAL HOME LLC, WILTON, NH			
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) CARL A MICHAUD		20. CITY/TOWN SWANZEY	21. DATE ISSUED (Month, Day, Year) JANUARY 16, 2015
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Full Earth Burial		28. DATE OF DISPOSITION (Month, Day, Year) 1/20/2015	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 6	31. GRAVE NO. Lot -37B, Grv.1	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>B. J. Kelley-10</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

STATE OF NEW HAMPSHIRE

BURIAL TRANSIT PERMIT

1. BURIAL PERMIT NO.

2. CITY OR TOWN

3. DECEDENT'S NAME (First, Middle, Last)

ANGELO A CERQUA

4. SEX

MALE

5. DATE OF DEATH (Month, Day, Year)

JULY 23, 2002

6. AGE

87 YEARS

7. DATE of BIRTH (Month, Day, Year)

FEBRUARY 22, 1915

8. CITY, TOWN, OR LOCATION OF DEATH

KEENE

9. COUNTY OF DEATH

CHESTER

10. METHOD OF DISPOSITION:

1. Burial 2. Temp. Embalming
 3. Cremation 4. Donation
 5. Mausoleum 6. Other

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

RURAL CEMETERY

12. LOCATION (City/Town, State)

SOUTHBOROUGH, MA13. DATE OF DISPOSITION
(Refer to 20a.)**JUL 26, 2002**

14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL

15. LOCATION (City/Town, State)

CODE: **1****A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:**

16. FUNERAL DIRECTOR

DAVID PURRINGTON

17. N.H. LIC. NO. ONLY

916

18. NAME AND LOCATION OF FACILITY (City/Town, State)

FLETCHER FUNERAL HOME AND CREMATION SERVICES, KEENE, N19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTRAR
if app.)**DAVID PURRINGTON**

20. CITY/TOWN

KEENE

21. DATE ISSUED (Month, Day, Year)

JULY 24, 2002**CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)

23. DATE STORED (Month, Day, Year)

24. CITY/TOWN, STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT

26. DATE ISSUED (Month, Day, Year)

CEMETERY OR CREMATORI AUTHORITY SHALL FILL OUT SPACE BELOW

27. TYPE OF DISPOSITION (Cremated, buried, etc.)

Burial

28. DATE OF DISPOSITION (Month, Day, Year)

July 26, 200229. NAME AND LOCATION OF CEMETERY, CREMATORI OR VAULT
(City/Town, State)**Rural Cemetery
Southborough, MA 01772**30. SECTION
Sec. 9, Lot 32A

31. GRAVE NO.

2

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

READ CAREFULLY

OFFICIALS: This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - **Not Before.** In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

DISINTERMENT: This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO 2. CITY OR TOWN	
3. DECEASED'S NAME (First, Middle, Last) PHYLLIS M CHENARD			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) JANUARY 2, 2012
6. AGE 90 Years	7. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 12, 1921	8. CITY, TOWN, OR LOCATION OF DEATH HANOVER	9. COUNTY OF DEATH GRAFTON	
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): 1				CODE: 1
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY				RECEIVED TOWN CLERK'S OFFICE SOUTHBOROUGH 15 MAR 2012
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA				
13. DATE OF DISPOSITION (Refer to 19a) JANUARY 6, 2012				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				I: L 7/19
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR NANCY G MORRIS			17. N.H. LIC. NUM ONLY 0000	
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA				
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) CARL A MICHAUD		20. CITY/TOWN HANOVER	21. DATE ISSUED (Month, Day, Year) JANUARY 2, 2012	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)		
CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) Jan. 6, 2012	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772	
30. SECTION C-West	31. GRAVE NO. 1	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>D. Chenard-Velar</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

**REPORT FOR FINAL DISPOSITION
OF A HUMAN CORPSE**
(Out of State Burial - Transit Permit)
Type or Print in Permanent Black Ink

1. NAME OF DECEASED (First, Full Middle, Last) Ruth Marion Coffin		2. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	3. RACE White	4. AGE 91
5. COUNTY OF DEATH Wood	6. CITY, VILLAGE, TOWNSHIP Wisconsin Rapids	7. DATE & TIME PRONOUNCED DEAD: (Month, Day, Year) Hour: Min: Feb. 3, 2002 11 45 P M		
8. PLACE OF DEATH (if in Hospital) <input type="checkbox"/> Inpat. <input type="checkbox"/> DOA from NH <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpat. <input type="checkbox"/> ER from NH <input type="checkbox"/> ER from Other	9. OTHER PLACE <input checked="" type="checkbox"/> N.H. <input type="checkbox"/> Other <input type="checkbox"/> Res. of Deceased	10. NURSING HOME License Number 3236	NOTE: If hospice death occurred in a bed at a facility, place of death is "other". If at home, place is "residence".	
11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS Family Heritage Med. & Rehab. Center	11b. COMPLETE MAILING ADDRESS 130 Strawberry Lane, Wisconsin Rapids, WI 54494			
12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E., or Deputy) CHECK ONE: NAME David N. Crowther		MAILING ADDRESS 420 Dewey, Wisconsin Rapids, WI 54494	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Dep. Cor. <input type="checkbox"/> M.E. <input type="checkbox"/> Dep. M.E.	
13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13b. IF YES, COUNTY OF INCIDENT	NOTE: For reportable deaths see list below plus check with the county coroner/medical examiner. For reportable cases, notification must occur before release & embalming of body.		
14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license) Dr. Thomas A. Voelker		15. MAILING ADDRESS 420 Dewey, Wisconsin Rapids, WI 54494		
16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)				
17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year) February 3, 2002	Hour 11:55	P M	18. EXPECTED TYPE OF DISPOSITION <input type="checkbox"/> Scientific Use <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Unknown	19. EXPECTED DATE OF DISPOSITION (Month, Day, Year) February 9, 2002
20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory) Southborough Cemetery	21. CITY, VILL., TOWN Southborough	22. COUNTY	23. STATE Massachusetts	
24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member) Michael W. Jennings	24b. MAILING ADDRESS 1001 West Grand Avenue, Wis. Rapids, WI 54495	25b. DATE SIGNED (Month, Day, Year) February 4, 2002		

NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.

Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.
 Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.

**NOTE TO
FUNERAL
DIRS.**

The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.

Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner of jurisdiction. If the case is reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner in the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate, the coroner/medical examiner or deputy must sign the death certificate.

CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:

- (1) Homicides and suicides
- (2) Deaths following accidents, even if the injury is not the cause of death.
(Example: hip fractures in the elderly)
- (3) Deaths due to poisoning.
- (4) Deaths following abortion.
- (5) Deaths with unexplained, unusual or suspicious circumstances.
(Sudden infant deaths and other circumstances as interpreted by the coroner/medical examiner are included here)
- (6) Deaths involving motor vehicles, snowmobiles, all-terrain vehicles and boats
- (7) Deaths with no physician or accredited spiritual healer in attendance 30 days preceding death
- (8) When, after reasonable efforts, the physician cannot be obtained or will not sign, or cannot sign the death record in time or in an emergency situation as determined by the coroner/medical examiner

Filing this Report (within 24 hours of notification of death) with the appropriate local registrar and coroner/medical examiner is required under s. 69.18(3). Failure to file this Report is punishable by a fine of up to \$1,000. or up to 90 days imprisonment.

For Funeral Director's Use:

The original Report for Final Disposition is to be filed with the local registrar.

Other copies to:

- Coroner/M.E.
- Sexton or Out of State Transit
- Funeral Director's copy

8/16/94

PERMIT NUMBER

BURIAL-TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT
MUST
Accompany
Remains
to
DESTINATION

DECEASED — Name	FIRST Melvin	MIDDLE Walter	LAST CONDER	SEX Male	DATE OF DEATH (Month, Day, Year) August 15, 1994
RACE White	AGE 84	PLACE OF DEATH (City or town, state) East Providence, RI			
BURIAL, CREMATION, DONATION, OTHER (Specify) Burial	PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Rural Cemetery			CITY OR TOWN Southboro, MA	STATE
FUNERAL HOME — LICENSEE <i>Robert E. Mason</i> (Signature)	FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) Smith-Mason Funeral Home, Inc. 398 Willett Avenue Box 15305 Riverside, RI 02915				
CERTIFICATION: I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.					
Signature of certifying Physician <i>Robert E. Mason</i>		Degree or title <i>MD</i>	Date signed 8/16/94		
Authorized disposition as stated above occurred on (Date) <i>August 19, 1994</i>		Tomb <i>Grave #3</i>	Lot <i>58 WEST</i>	Signature of Sexton or Person in Charge of Place of Disposition <i>Judy H. Hillman</i>	

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

SEXTON
must
return
permit
to City
or Town
Clerk at
Place of
Disposal
on Fifth
of Next
Month

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

Randy Berry
Paul J. Berry
Town Clerk

BURIAL - TRANSIT PERMIT NO. 833342

DHH, OFFICE OF PUBLIC HEALTH
DIVISION OF RECORDS & STATISTICS

NAME OF DECEASED	Stephen Cummings	SEX	M	COLOR	W	AGE	91
PLACE OF DEATH (CITY OR TOWN)	(PARISH)	(WARD)		DATE OF DEATH			B-19-07
LaFayette	Lafayette						

A Certificate of Death having been presented as required by law, permission to dispose of the body of the above named decedent, is hereby granted.

TO:	NAME OF FUNERAL DIRECTOR OR OTHER SUCH PERSON	SIGNATURE OF LOCAL REGISTRAR
	Quirk & Son F/F	Roger DBC
ADDRESS OF FUNERAL DIRECTOR	Eunice LA	PARISH DATE
		St Landry. 8-18-07

I am duly licensed to practice embalming by the Louisiana State Board of Embalming and Undertaking, or by a similar agency possessing like powers in the State of

I have prepared the body of this decedent for final disposal as indicated below.

METHOD OF EMBALMING OR PREPARATION	DATE	DATE (BURIED, ETC.)	CEMETERY OR CREMATORIUM, & ADDRESS	LOT NO.
EMBALMER	LICENSE NO.	SEXTON'S SIGNATURE	LAFAYETTE CREMATORIUM 2920 N. UNIVERSITY AVE LAFAYETTE, LA 70507	

This permit must accompany remains to destination.
Return permit to Registrar of Parish of burial within 10 days.

The cremated remains of Stephen B. Cummings were buried at Rural Cemetery, Southborough, MA
on December 26, 2007. Final Disposition Sec. 9, Lot 11, Grv#7a.

Certified by: *Randy Berry*

This is to Certify that the Remains of

Jeanne O. Davis

RECEIVED
TOWN CLERK'S OFFICE

2010 SEP -2 P 2:56

SOUTHBOROUGH, MA

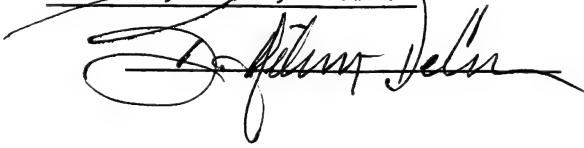
have this Day been cremated at River Bend Crematory, LLC
Subject to its Rules or Regulations and All Legal Requirements
have been met.

MJ

Date: 8-25-2010 Cremation Number: 1092

River Bend Crematory, LLC
623 Main Street
East Hartford, CT 06108
(860) 282-4500

The cremated remains of Jeanne O. Davis were buried on
August 28th 2010 in Rural Cemetery Southborough, Massachusetts.
Disposition B-East, Lot 5, Grv#D.


Cemetery Supervisor



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL — TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First JOANNE	Middle	Last DuFAULT	DATE OF DEATH	Month Found	Day	Year
2. Place of Death County Orange	City, Town or Location Orlando			Name of Hosp. or Inst.	(If neither, give street address) 5411 Dale Lane		
3. Name of Medical Certifier William R. Anderson, M.D.	<input checked="" type="checkbox"/> Medical Examiner <input type="checkbox"/> Physician		Address 1401 Lucerne Terrace Orlando, FL 32806		Phone Number 407-836-7130		
4. Name of Funeral Home/ Direct Disposer Collison Funeral Home	Address 1148 E. Plant Street Winter Garden, FL 34787		Fla. Lic. No./Reg. No. 1736	Phone Number (Area Code) 407-877-6700			
5. Check Appropriate Box	a <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b <input type="checkbox"/> _____ was contacted on _____ within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death. c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
6. Place of Final Disposition: Cemetery	Rural	In state cemetery/ <input type="checkbox"/> crematory - name/county:	Southborough, MA		Removal <input checked="" type="checkbox"/> from state	<input type="checkbox"/> Donation	
7. Funeral Director/ Direct Disposer Gregory Collison	Signature 		F.E. No./Reg. No. 3464		Date Signed August 14, 1991		

B.

BURIAL — TRANSIT PERMIT

Permit No. 1736-305

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Sub. _____

Registrar or Subregistrar Signature _____

Signature _____

Date _____

Date Certificate _____

Due: _____

C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Signature _____, Medical Examiner Date _____
or
Medical Examiner, _____, gave authorization by telephone to _____

Funeral Director/Direct Disposer Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Rural Cemetery
Southborough, MA

Methods of Disposition:

 BURIAL STORAGE CREMATION OTHER (Specify) _____Signature of Sexton
or Person-in-Charge _____

Place of Disposition

Date of Disposition

August 14, 1991

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type or print name of deceased and date of death.
2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name and address of the Medical Examiner or physician who you determine is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Indicate place of disposition; check appropriate box.
7. Requires signature of applicant, Funeral Director/Registration number, and date application signed.

BURIAL—TRANSIT PERMIT

Section B.

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

Section D.

CEMETERY OR CREMATORY

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.

RECORDED
TOWN OF SOUTHBOROUGH

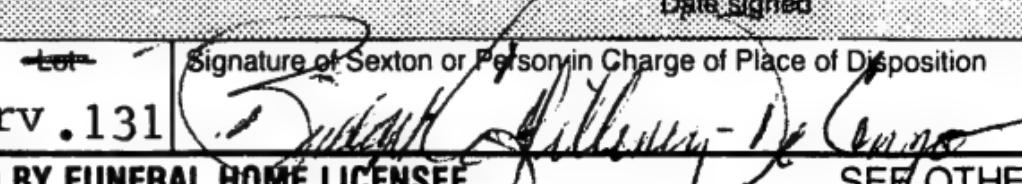
AUG 19 1991

TOWN CLERKS OFFICE

RECEIVED & FILED IN THE OFFICE OF THE TOWN CLERK JAN. 21, 2005 11:30AM PERMIT NUMBER

BURIAL-TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT
MUST
ACCOMPANY
REMAINS
TO
DESTINATION

DECEASED — Name	FIRST Mary	MIDDLE -	LAST Ezell	SEX Fem	DATE OF DEATH (Month, day, year) January 12, 2005
RACE White	AGE 74	PLACE OF DEATH (City or town, state) Woonsocket, Rhode Island			
BURIAL, Cremation, Donation, OTHER (Specify) Burial	PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Rural Cemetery Southborough, Massachusetts 01772			CITY OR TOWN	STATE
FUNERAL HOME — LICENSEE Nancy Morris (Signature)	FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) Morris Funeral Home 40 Main St. Southborough, MA 01772				
CERTIFICATION: I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.					
Signature of Identifying Physician 			MD Degree or title 	Date signed 1/13/05	
Authorized disposition as stated above occurred on (Date) January 18, 2005			Tomb Sec. F	Lot Grv. 131	Signature of Sexton or Person in Charge of Place of Disposition 

THIS PERMIT VALID ONLY IF SIGNED BOTH BY PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

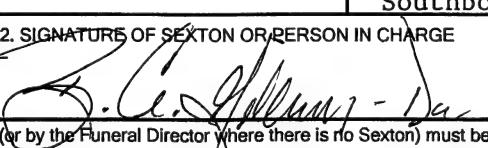
SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

63469

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO 2. CITY OR TOWN	RECEIVED TOWN CLERK'S OFFICE
3. DECEDENT'S NAME (First, Middle, Last) JEFFREY E FLYNN		4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) MARCH 22, 2016
6. AGE 61 Years	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 10, 1955	8. CITY, TOWN, OR LOCATION OF DEATH EXETER	9. COUNTY OF DEATH ROCKINGHAM
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):		CODE: 3	
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CREMATORY			
12. LOCATION (City/Town, State) WORCESTER, MA			
13. DATE OF DISPOSITION (Refer to 19a) MARCH 25, 2016			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR JOHN P ROWE JR		17. N.H. LIC. NUM ONLY 000	
18. NAME AND LOCATION OF FACILITY (City/Town, State) JOHN P ROWE FUNERAL HOME INC, MARLBOROUGH, MA			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) JOHN J BREWITT JR	20. CITY/TOWN EXETER	21. DATE ISSUED (Month, Day, Year) MARCH 23, 2016	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains in Flynn Lot 26 in Sec.C-East		28. DATE OF DISPOSITION (Month, Day, Year) April 15, 2016	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772
30. SECTION C-East	31. GRAVE NO. 6A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First Marion	Middle G	Last Fletcher	Date of Death March 7, 2003	Month Day Year
2. Place of Death County Broward	City, Town or Location Hollywood		Name of (If neither, give street address) Hosp. or Inst. Hollywood Medical Center		
3. Name of Medical Certifier Howard Reinfeld, MD	Address 1380 NE Miami Gardens Drive N. Miami Beach, FL			Phone Number 305 956-9062	
4. Name of Funeral Home/Direct Disposal Establishment Fred Hunter Funeral Home	Address 6301 Taft Street Hollywood, FL		Fla. Lic. No./Reg. No. 1930	Phone No. (Area Code) 954 989-1550	
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.				
6. Funeral Director/ Direct Disposer	Signature B. Gorr 14217	F.E. No./Reg. No.	Date Signed 3/12/03		

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 1930-9365

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Beryl H. Gorr

Date

Issued: 3/12/03

Date Certificate

Due: _____

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEAApproval Number: 1263Date 3/12/03

Medical Examiner, Lance Davis, MD, gave authorization by telephone to Beryl Gorr
Fred Hunter Funeral Home Funeral Director/Direct Disposer. Date 3/12/03

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Rural Cemetery

Place of Disposition

Southborough, MA

Method of Disposition:

 BURIAL STORAGE

Date of Disposition

March 26, 2003

CREMATION
Signature of Sexton
or Person-in-Charge

 OTHER (Specify)Cremation Burial Sec.C-West, Lot 45N, Grave BWright C. Hallman

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

BURIAL—TRANSIT PERMIT

KB539
10924

Received and filed in the Office of the Town Clerk Nov 13, 2002 11am

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER					
DECEASED—NAME First Middle		Last		DATE OF DEATH (Month, Day, Year)			
1. Janice R. POSTER		2. August 23, 2002		3a. Clark			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)					
3b. Las Vegas		3c. Torrey PinesCare Center					
RACE (e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			
5. White		X		3d. Inpatient 4. Female			
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.			
9a. New York		9b. USA		7a. AGE—Last Birthday (Years) 7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS			
SOCIAL SECURITY NUMBER		10. 16 DATE OF BIRTH (Mo., Day, Yr.)					
13. 228-44-7283		14a. Social Worker		14b. State SURVIVING SPOUSE (If wife, give maiden name)			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION			
15a. Nevada		15b. Clark		15c. Las Vegas			
FATHER—NAME First Middle		Last		MOTHER—MAIDEN NAME First Middle Last			
16. Walter Bruce Robinson		17. Esther J. Chandler		(Street or R.F.D. No., City or Town, State, Zip)			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS					
18a. Nancy Phillips		18b. 4906 E. Desert Inn Road, Las Vegas, Nevada 89121					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORIAL NAME					
19a. Cremation		19b. Desert Crematory					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 64		20c. 1111 Las Vegas Blvd N., Las Vegas, Nevada 89101			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ►		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) ►					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)			
21b. <i>[Signature]</i>		21c. 0115		22b. PRONOUNCED DEAD (Mo., Day, Yr.)			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Hour)					
21d. <i>[Signature]</i>		22d. ON AT					
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSURE NUMBER					
23a. Arezo Fathie, M.D., 2649 Wigwam Pkwy. #101, Henderson, Nevada		23b. DEATH DUE TO COMMUNICABLE DISEASE					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24a. (Signature) ► <i>[Signature]</i>		24b. SEP 06 2002		24d. Interval between onset and death			
25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).					
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		26. DUE TO, OR AS A CONSEQUENCE OF:					
27. (b) DUE TO, OR AS A CONSEQUENCE OF:		28. (c) DUE TO, OR AS A CONSEQUENCE OF:					
29. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		30. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					
		31. (a) DUE TO, OR AS A CONSEQUENCE OF:		32. (b) DUE TO, OR AS A CONSEQUENCE OF:			
		33. (c) DUE TO, OR AS A CONSEQUENCE OF:		34. (d) DUE TO, OR AS A CONSEQUENCE OF:			
		35. (e) DUE TO, OR AS A CONSEQUENCE OF:		36. (f) DUE TO, OR AS A CONSEQUENCE OF:			
		37. (g) DUE TO, OR AS A CONSEQUENCE OF:		38. (h) DUE TO, OR AS A CONSEQUENCE OF:			
		39. (i) DUE TO, OR AS A CONSEQUENCE OF:		40. (j) DUE TO, OR AS A CONSEQUENCE OF:			
		41. (k) DUE TO, OR AS A CONSEQUENCE OF:		42. (l) DUE TO, OR AS A CONSEQUENCE OF:			
		43. (m) DUE TO, OR AS A CONSEQUENCE OF:		44. (n) DUE TO, OR AS A CONSEQUENCE OF:			
		45. (o) DUE TO, OR AS A CONSEQUENCE OF:		46. (p) DUE TO, OR AS A CONSEQUENCE OF:			
		47. (q) DUE TO, OR AS A CONSEQUENCE OF:		48. (r) DUE TO, OR AS A CONSEQUENCE OF:			
		49. (s) DUE TO, OR AS A CONSEQUENCE OF:		50. (t) DUE TO, OR AS A CONSEQUENCE OF:			
		51. (u) DUE TO, OR AS A CONSEQUENCE OF:		52. (v) DUE TO, OR AS A CONSEQUENCE OF:			
		53. (w) DUE TO, OR AS A CONSEQUENCE OF:		54. (x) DUE TO, OR AS A CONSEQUENCE OF:			
		55. (y) DUE TO, OR AS A CONSEQUENCE OF:		56. (z) DUE TO, OR AS A CONSEQUENCE OF:			
		57. (aa) DUE TO, OR AS A CONSEQUENCE OF:		58. (bb) DUE TO, OR AS A CONSEQUENCE OF:			
		59. (cc) DUE TO, OR AS A CONSEQUENCE OF:		60. (dd) DUE TO, OR AS A CONSEQUENCE OF:			
		61. (ee) DUE TO, OR AS A CONSEQUENCE OF:		62. (ff) DUE TO, OR AS A CONSEQUENCE OF:			
		63. (gg) DUE TO, OR AS A CONSEQUENCE OF:		64. (hh) DUE TO, OR AS A CONSEQUENCE OF:			
		65. (ii) DUE TO, OR AS A CONSEQUENCE OF:		66. (jj) DUE TO, OR AS A CONSEQUENCE OF:			
		67. (kk) DUE TO, OR AS A CONSEQUENCE OF:		68. (ll) DUE TO, OR AS A CONSEQUENCE OF:			
		69. (mm) DUE TO, OR AS A CONSEQUENCE OF:		70. (nn) DUE TO, OR AS A CONSEQUENCE OF:			
		71. (oo) DUE TO, OR AS A CONSEQUENCE OF:		72. (pp) DUE TO, OR AS A CONSEQUENCE OF:			
		73. (qq) DUE TO, OR AS A CONSEQUENCE OF:		74. (rr) DUE TO, OR AS A CONSEQUENCE OF:			
		75. (ss) DUE TO, OR AS A CONSEQUENCE OF:		76. (tt) DUE TO, OR AS A CONSEQUENCE OF:			
		77. (uu) DUE TO, OR AS A CONSEQUENCE OF:		78. (vv) DUE TO, OR AS A CONSEQUENCE OF:			
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		109. (ee) DUE TO, OR AS A CONSEQUENCE OF:		110. (ff) DUE TO, OR AS A CONSEQUENCE OF:			
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		281. (ii) DUE TO, OR AS A CONSEQUENCE OF:		282. (jj) DUE TO, OR AS A CONSEQUENCE OF:			
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		305. (ii) DUE TO, OR AS A CONSEQUENCE OF:		306. (jj) DUE TO, OR AS A CONSEQUENCE OF:			
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		315. (ss) DUE TO, OR AS A CONSEQUENCE OF:		316. (tt) DUE TO, OR AS A CONSEQUENCE OF:			
		317. (uu) DUE TO, OR AS A CONSEQUENCE OF:		318. (vv) DUE TO, OR AS A CONSEQUENCE OF:			



Copy of Burial Permit

RECEIVED
TOWN CLERK'S OFFICEState of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

2012 JUN 25 P 2:30 MJ

A. (TYPE)				Date of Death	Month	Day	Year
1. Name of Deceased	First	Middle	Last				
	George	Peabody	Gardner, Jr.				
2. Place of Death	City, Town or Location		Name of (If neither, give street address) Hosp. or Inst.				
County	West Palm Beach		Hospice of Palm Beach County-Hospice Unit				
Palm Beach							
3. Name of Medical Certifier	Hospice Physician		Address	1309 North Flagler Drive			Phone Number
Medical Examiner	<input checked="" type="checkbox"/>	Physician		West Palm Beach, Fla. 33401			561 671-7040
4. Name of Funeral Home/Direct Disposal Establishment			Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)		
Funeral & Cremation Services	Quattlebaum		1201 South Olive Avenue	FO41823	561 832-5171		
West Palm Beach, Fla. 33401							
5. Check Appropriate Box	a. <input type="checkbox"/>	The medical certification has been completed and signed. A completed certificate of death accompanies this application.					
	b. <input checked="" type="checkbox"/>	Hospice of Palm Beach County was contacted on May 9, 2012 . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that a Hospice Physician will complete and sign the medical certification of cause of death within 72 hours.					
	c. <input type="checkbox"/>	was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.					
6. Funeral Director/ Direct Disposer			Signature	F.E. No./Reg. No.	Date Signed		
				FO43651	May 10, 2012		

BURIAL - TRANSIT PERMIT

Permit No. **297-116-12**

Permission is hereby granted to dispose of this body.

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: **May 10, 2012**

Date Certificate

Due: **May 15, 2012**

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: **122459**Date **May 11, 2012**

Medical Examiner, **Glen Axelson, D.O.**, gave authorization by telephone to **Cynthia Johnson for Quattlebaum Funeral Home** Funeral Director/Direct Disposer. Date **May 11, 2012**

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Burnett Burial Park

Place of Disposition **Southborough, MA**

Method of Disposition:

BURIAL **cremated remains** STORAGE

Date of Disposition **June 16, 2012**

CREMATION

Signature of Sexton or Person-in-Charge

OTHER (Specify)

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory

Yellow: Funeral Director or Direct Disposer

Pink: Local Registrar

Received and filed in the Office of the Town Clerk May 28, 2003 9:30am.

5/13/03 Pg.163, Sec.6, Lot 16A, Grv#1A, No F.H., Bronze Urn loc. undr mrkr

ATLAS CREMATORY

Paul J. Berry
Paul J. Berry
Town Clerk

2111 U.S. #1 South
Rockledge, Florida 32955
(321) 636-4275

COPY

Roscoe Gardner

We hereby certify that these are the cremains of _____

_____. The remains were received

From Beach Funeral Home _____ Melbourne, Florida
Funeral Firm _____ City and State

Cremation Permit No. 2621-03-007 Issued at Brevard

Date of Death January 20, 2003

Date of Cremation January 28, 2003 By Chad Follweiler
Cremator

FLORIDA DEPARTMENT OF

HEALTH
State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT
Paul J. Berry

A. (TYPE)				PAUL J. BERRY, TOWN CLERK			
1. Name of Deceased	First Tatiana	Middle	Last Gardner	Date of Death	Month December 21, 2009	Day	Year
2. Place of Death County	City, Town or Location Palm Beach		Name of Hosp. or Inst.	(If neither, give street address) 160 Seaview Avenue			
3. Name of Medical Certifier Denis Murphy, M.D.	Medical Examiner	Physician	Address 1411 North Flagler Dr., #7800 West Palm Beach, Fla. 33401	Phone Number 561 832-1643			
4. Name of Funeral Home/Direct Disposal Establishment Quattlebaum Funeral & Cremation Services	Address 1201 South Olive Avenue West Palm Beach, Fla. 33401	Fla. Lic. No./Reg. No. 297	Phone No. (Area Code) 561 832-5171				
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> <u>Dr. Murphy</u> was contacted on <u>December 22, 2009</u> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>he</u> will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____, He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	<u>Signature</u>		F.E. No./Reg. No. F044104	Date Signed December 22, 2009			

B.

BURIAL - TRANSIT PERMITPermit No. **297-314-09**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature Cynthia A. Johnson

Date

Issued: Dec. 22, 2009

Date Certificate

Due: December 26, 2009

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date: _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY**Burnett Cemetery**Place of Disposition **Southborough, Massachusetts** **BURIAL** **STORAGE**Date of Disposition **January 9, 2010** **CREMATION** **OTHER (Specify)****Removal from state**Signature of Sexton
or Person-in-ChargeRural Cemetery, Southborough
Supervisor

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

REMOVAL, TRANSIT, AND BURIAL PERMIT

VS-9 REV. 2/84

STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES
HARTFORD, CONNECTICUT 06106PERMIT NO. DATE ISSUED
968195

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Charles Nendo Gaspareski WHO DIED AT 17 Highland Dr Thompson ON 967195
CAUSE OF DEATH Metastatic Colon Cancer

TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)

FINAL DISPOSITION (Name and address of cemetery or crematory)

Rural Cemetery Southboro MA

ISSUED TO (Name of Funeral Director or Embalmer) (Address)

Morrison Funeral Home90 Main St Southboro MA 01772(If embalmer,
IIC. no.) 6453Certificates required by state statute
have been received and recorded.
Body has been prepared in accordance
with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

Sara J. O'Donnell

(Town of)

TRANSIT PASTER

 YES NO

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED
CEMETERY (Sexton's Signature)Bridget C. Thompson

DATE BODY BURIED

9/29/95

RECORDED
TOWN OF SOUTHBOROUGH

01 / 2125

TOWN CLERKS OFFICE

BURIAL TRANSIT REMOVAL PERMIT

VS-9 Rev. 2/09

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308

PERMIT NO.

507

DATE ISSUED

2/25/2013

- This permit is sufficient for the removal of a body to any town and also for interment. It must accompany the body and be given to the person in charge of the cemetery.
- This permit is NOT sufficient to cremate a body.** A Cremation Permit (VS-48) must also be obtained in addition to this permit.
- The sexton must endorse this permit and return it to the registrar of the town where the cemetery is located. The sexton must also forward a copy of this permit to the town where death occurred if different from the town of burial. If the body is cremated, the person in charge of the crematory must return this burial permit to the town where death occurred.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Homer P. Gladuric

WHO DIED AT (Institution Name and Town of Death)

Buckpoints Farmington

ON

2/22/2013

CAUSE OF DEATH

Cardiopulmonary Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Southborough Rural Cemetery, Southborough MA

BURIAL PLOT	SECTION NO.	LOT NO.	GRAVE NO.	OTHER PLACE OF INTERMENT (Specify)
		Bk.10	32	2

ISSUED TO (Name of Funeral Director or Embalmer)

O'Brien Funeral Home

ADDRESS

24 Lincoln Ave Bristol, CT. 2442

IF EMBALMER, LICENSE NO.

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

TOWN OF

TRANSIT PASTER

Hanne E. Fusco Asst Farmington Ct.

 YES NO

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED
CEMETERY (Sexton's Signature)

DATE BODY BURIED

2/27/13

RECEIVED
TOWN CLERK'S OFFICE

2013 MAR - 1 A II: 39

JH-SOUTHBOROUGH



REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308

PERMIT NO.

1946 | DATE ISSUED
9 / 6 / 01

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. **must accompany body** and c. **must be given to person in charge of cemetery** and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. **THIS IS NOT a permit to cremate.** For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF Marquita S. Gladwin	WHO DIED AT Bristol Hospital, Bristol, CT	ON 9 / 5 / 01
---	--	----------------------

CAUSE OF DEATH

Carcinoma of the Lung with Metastases

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

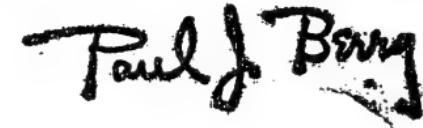
FINAL DISPOSITION (Name and address of cemetery or crematory) Rural Cemetery, Southboro, MA				
--	--	--	--	--

BURIAL PLOT Sharp	SECTION NO. Bk.10	LOT NO. 32	GRAVE NO. 1	OTHER PLACE OF INTERMENT (Specify)
----------------------	----------------------	---------------	----------------	------------------------------------

ISSUED TO (Name of Funeral Director or Embalmer) O'Brien Funeral Home	ADDRESS 24 Lincoln Ave., Bristol, CT 06010	IF EMBALMER, LICENSE NO. 2101
--	---	----------------------------------

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.	SIGNED (Registrar of Vital Statistics) <i>Chase Pac</i>	TOWN OF BRISTOL, CONN.	TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO
SEXTON'S ENDORSEMENT	THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature) <i>Bapt C. Gladwin</i>		DATE BODY BURIED 9 / 8 / 01

Received, and filed in the Office of the Town Clerk
on September 14, 2001 @ 3:00 PM.

A handwritten signature in black ink that reads "Paul J. Berry". The signature is cursive and stylized, with "Paul" and "J." being more formal and "Berry" being more fluidly written.

Paul J. Berry, Town Clerk



Money and King
Cremation Services

RECEIVED
TOWN CLERK'S OFFICE
7TH JAN - 8 P 3:00
SOUTHBOROUGH, MA

Certificate of Cremation

This is to certify that the remains of

Dr. Thomas Edward Goffman

have been cremated subject to all rules, regulations and all legal requirements.

April 23, 2010

Date of Cremation

2012

Case Number

Superintendent, Money and King Cremation Services

04/23/10

Date



Money and King Cremation Services • 14522L Lee Road • Chantilly, VA 20151-1639 • (703) 938-7440

I hereby certify that the cremated remains of
Thomas E. Goffman Accompanying this certificate was disposed of
in accordance with it's terms

At Burke Dual Park Town Southborough, MA
On Oct 13 2013 Final Disposition N.E. corner
Certified by D. J. Hillman, Cemetery Supervisor, Town of Southborough



**Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am
State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT**

A. (TYPE)

1. Name of Deceased	First Pauline	Middle Frances	Last Gould	Date of Death	Month November	Day 2, 2002	Year
2. Place of Death County	Broward	City, Town or Location Pompano Beach	Name of Hosp. or Inst.	(If neither, give street address) North Broward Medical Center			
3. Name of Medical Certifier	William Rymer, MD	Address 201 E. Sample Road Pompano Beach, FL 33064	Phone Number 954-786-6460				
4. Name of Funeral Home/ Direct Disposer Establishment	The Memorial Store	Address 1680 N. State Road 7 Hollywood, FL 33021	Fla. Lic. No./Reg. No. 2285	Phone No. (Area Code) 954-989-9907			
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	Signature <i>Dennis D. Freeley</i>	F.E. No./Reg. No. 4328	Date Signed Nov. 6, 2002				

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 2285-0186

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Subregistrar Signature
Jean H. Hassler

Date
Issued: Nov. 6, 2002 Date Certificate
Due: _____

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORIUM

Place of Disposition _____ Rural Cemetery
Southborough, MA

BURIAL

STORAGE

Date of Disposition _____ November 8, 2002

CREMATION

Signature of Sexton
or Person-in-Charge
}

OTHER (Specify) _____

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided



CREMATORY
3333 N.E. 2nd AVENUE
MIAMI, FL 33137-3804
PHONE: (305) 573-4310
This envelope contains the
Cremation Certificate for:

RECEIVED
TOWN CLERK'S OFFICE

2012 SEP -4 A 10:47

ROUTED TO: [Signature]

MJ

Polly P. Greene

To: Van Orsdel Coral Gables

No. 13559

Van Orsdel Crematory
Miami, Florida

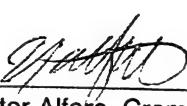
We certify that these are the cremated remains of

Polly P. Greene

Cremation Permit No. FO40218-11-3 Issued at Miami-Dade County.

Date of Death: 01/08/2011 Date of Cremation: 01/21/2011

By _____


Nestor Alfaro, Cremator

I hereby certify that the cremated remains of Polly P. Greene accompanying this certificate was disposed of in accordance with it's terms.

At Rural Cemetery Town Southborough, MA
on August 27, 2012 Final Disposition C-West, Lot54N, Grv#3A
Certified by D. Johnson
Cemetery Supervisor

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

#64423

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			
		RECEIVED DEPARTMENT OF PUBLIC SAFETY OFFICE	
3. DECEDENT'S NAME (First, Middle, Last) DAVID WALTER GEEVER		4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) JULY 7, 2018 11 30 A 9:51
6. AGE 75 Years	7. DATE OF BIRTH (Month, Day, Year) AUGUST 6, 1942	8. CITY, TOWN, OR LOCATION OF DEATH PLYMOUTH	9. COUNTY OF DEATH GRAFTON BOROUGH, MA
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CREMATORY			
12. LOCATION (City/Town, State) WORCESTER, MA			
13. DATE OF DISPOSITION (Refer to 19a) JULY 10, 2018			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO			
16. FUNERAL DIRECTOR MARK R BARTON		17. N.H. LIC. NUM ONLY 1024	
18. NAME AND LOCATION OF FACILITY (City/Town, State) MAYHEW FUNERAL HOMES INC, MEREDITH, NH			
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) MARK R BARTON		20. CITY/TOWN PLYMOUTH	21. DATE ISSUED (Month, Day, Year) JULY 7, 2018
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Burial or Cremated Remains</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>7/14/2018</i>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Loring Cemetery Southborough, MA 01772</i>
30. SECTION <i>Sec. I</i>	31. GRAVE NO. <i>190A</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>T.C. Miller - DC</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED

TOWN CLERK'S OFFICE

4/25

DOB: Feb. 16 Month: A Day: 25

Year: Jan. 5, 2012

Team: SOUTHBOROUGH, MA

File #:

MQ

A.	1. Name of Deceased	First RICHARD	Middle H	Last GROTON	Date MAR 16 Month A Day Jan. 5, 2012
2. Place of Death	City, Town or Location Charlotte	County Port Charlotte	Name of Hosp. or Inst. TideWell Hospice Inc.		Year of Team: File #: Phone Number
3. Name of Medical Certifier W. Brian Guthrie, M.D.	Address 2525 B Tamiami Trail Port Charlotte, FL 33952	Address 2525 B Tamiami Trail Port Charlotte, FL 33952	Phone Number 941-979-4300		
4. Name of Funeral Home/Direct Disposal Establishment National Cremation Society	Address 2525 B Tamiami Trail Port Charlotte, FL 33952	Fia Lic. No./Reg. No. F040981	Phone No. (Area Code) 941-624-5212		
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.				
	b. <input checked="" type="checkbox"/> Dawn Kathy was contacted on Jan. 5, 2012				
	He/she verified that this death was from natural causes, that there was no accident nor other external cause of death and that Dr. Guthrie will complete and sign the medical certification of cause of death within 72 hours.				
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____ Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.				
6. Funeral Director/ Direct Disposer	Signature Pauline Grossnickle	F.E. No./Reg. No. F030731	Date Signed Jan. 5, 2012		

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. **12F0409810016**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar

Subregistrar Signature

Date

Issued: **Jan. 5, 2012**

Date Certificate Due:

Jan. 16, 2012

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number:

17F

Date

Jan. 6, 2012

Medical Examiner,

Rose (Dr. Inam.)

gave authorization by telephone to

Funeral Director/Direct Disposer.

Date

Jan. 6, 2012

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY Rural Cemetery

Place of Disposition **Southborough, MA 01772**

Method of Disposition:

BURIAL
cremated remains

STORAGE

Date of Disposition

Jan. 17, 2012 Sec. 7, Lot 27, Grv#2a

CREMATION

OTHER (Specify)

Signature of Sexton
or Person-in-Charge

Z. C. Killen Jr.

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory

Yellow: Funeral Director or Direct Disposer

Pink: Local Registrar

**BURIAL TRANSIT PERMIT****AUTHORITY TO TRANSPORT FOR FINAL DISPOSITION****This permit shall accompany the remains in transit.**

State of New Mexico

United States of America

New Mexico Vital Records and Health Statistics

RECEIVED
TOWN CLERK'S OFFICE

2012 JUN 25 P 2:30

MQ

Note: This form does not replace the completing and filing of a Certificate of Death or a Report of Fetal Death

SOUTHBOROUGH, MA

<input checked="" type="checkbox"/> DEAD BODY — DO NOT COMPLETE PART B <input type="checkbox"/> FETAL REMAINS — DO NOT COMPLETE PART A

PART A PERSONAL DATA ON DECEASED	DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Eric Bengt Gyllenhammer					
	SEX Male	DATE OF DEATH (Month/Day/Year) May 07, 2012	AGE - Last Birthday (Years) 73	INFANT - If under 1 year Months <<>>> Days <<>>> Hours <<>>> Minutes <<>>>		DATE OF BIRTH (Month/Day/Year) November 29, 1938

PART B FETUS	FAMILY NAME <<>>>	DATE OF DELIVERY (Month/Day/Year) <<>>>	STATE OF DELIVERY <<>>>
-----------------------------------	-----------------------------	---	-----------------------------------

PART C METHOD AND PLACE OF DISPOSITION	METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): <<>>>			PLACE OF DISPOSITION - Name of Cemetery / Crematory or Other Place Direct Funeral Services Crematory			
	DISPOSITION LOCATION (City, State and Country) Albuquerque, New Mexico, USA						
	FUNERAL SERVICE FACILITY NAME Direct Funeral Services		FUNERAL SERVICE FACILITY ADDRESS (Address, City, State, Zip Code) 2919 Fourth St Albuquerque, New Mexico 87107				
	NAME OF FUNERAL DIRECTOR or PERSON ACTING AS AUTHORITY Elizabeth Rymarz-Misener		TITLE OF AUTHORITY <input checked="" type="checkbox"/> FSP <input type="checkbox"/> ASSOC. <input type="checkbox"/> DD <input type="checkbox"/> Other (Specify): <<>>>			LICENSE NUMBER 767	DATE ISSUED (Month/Day/Year) May 10, 2012
	PLACE OF DEATH OCCURRENCE - Give Name of Hospital or Other Facility (If neither, give Street Address or Location) University Hospital (UNM Hospital)						
	IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency Room / Outpatient		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other, Specify <<>>> <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Assisted Living Facility				

This permit is issued under the authority of the New Mexico State Registrar and shall accompany the remains in transit.

All certificates or reports having been filed as required by the laws of New Mexico and all laws and regulations governing the preparation and disposal of dead bodies/fetal remains having been complied with, this permit (when properly completed) constitutes authority for (1) the transport of the body/fetus out-of-state for final disposition; or (2) final disposition in-state by a person other than a licensed funeral service director or direct disposer.

Authority preparing permit must mail or fax a copy of completed permit within 24 hours of Date Issued to:
 New Mexico Vital Records State Registrar

Post Office Box 26110

Santa Fe, NM 87502

Fax Number: 1-505-827-1751

I hereby certify that the cremated remains of Eric Bengt Gyllenhammer accompanying this permit was disposed of in accordance with its terms

At <u>Rural Cemetery</u>	Town	<u>Southborough, MA</u>
on <u>June 16, 2012</u>	Final Disposition	<u>Section M, Grv#121A</u>
Certified by <u>B. Gyllenhammar</u> <u>Cemetery Supervisor</u>		

Personal data on deceased	Name of Deceased LOIS GREY HARRINGTON			Date of Death November 21, 2017
	Sex Female	Age 72 Years	Place of Death (Village or City) COLUMBUS OFFICE	County FRANKLIN
	Cause of Death CERVICAL CANCER			
Manner and place of disposal	<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)			
Name of Cemetery OHIO FUNERAL SUPPORT SVCS	SOUTHBOROUGH, MA			
A satisfactory Certificate of Death has been filed as required by the laws of this state. Permission to dispose of the body as indicated above is hereby given to:				
Funeral Director BUXTON, SHIRLEY E		Address 5464 N. HIGH ST COLUMBUS, OH 43214		
Registrar/Sub-Registrar SNYDER, CLAY	Registration district no. 2100	Date of Issuance November 28, 2017		

HEA 2721
Rev 01/07

This permit must be retained by superintendent or person in charge of cemetery for a period of five (5) years

I hereby certify that the cremated remains were disposed of in accordance with its terms at the place and date below:

Place or Disposal
Rural Cem. @ Cordwainer Ln
Southborough MA 01740
Sec. H. Enviro Tac

Signature


Disposition Date
Burial or
Cremated Remains

Date of Disposition
Apr 26, 2018

Name of Authorized Designee
Bridget A. Govey - Deceased

4/26/2017 19.300 SEC. 11-EAST, LOT 46, Gov. 8A (cross) KOREA Avenue

RECEIVED
TODAY'S MAIL OFFICE

2017 MAY -5 A 10:51



State of Florida, Department of Health, Bureau of Vital Statistics

SOUTHBOROUGH, MA

BURIAL TRANSIT PERMIT

DATE PRINTED: April 11, 2017

TRACKING NUMBER: 2017059658

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
EDWIN A HECKMAN	April 8, 2017	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
PASCO	NEW PORT RICHEY	MARLIERE CARE CENTER
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
NATIONAL CREMATION & BURIAL SOCIETY - HUDSON F040242	F040242	(727) 847-4745
13011 US HWY 19		
HUDSON, FLORIDA, 34667		
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
TANYA R. PARKER	F047591	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2017-F040242-5130

Date Issued: April 10, 2017

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 6

Approval Number: 71704445

4.

CEMETERY OR CREMATORY

Place of Disposition: *Rural Cemetery, Southborough, MA*
Method of Disposition: *Burial of Cremated remains* Date of Disposition: *April 26, 2017*

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

DISPOSITION / TRANSIT PERMIT(See reverse side for completion instructions)
RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JUNE 21, 2010 AT 12:00 PM**Section A – Local Registrar or Funeral Director** PAUL J. BERRY, TOWN CLERK
Transcribe information as listed on Certificate of Death per corresponding item numbers in parenthesis.

Full Name of Decedent (1.) <i>Edward George Harris</i>	Sex (2.) <i>Male</i>	Date of Death (4.) <i>3-28-2010</i>	Date of Birth (6.) <i>4-30-1917</i>
County of Death (8b.) <i>Chester</i>	City, Boro, Twp. of Death (8c.) <i>Kennett Square</i>	Facility Name (8d.) <i>Kendal At Longwood</i>	

Was Decedent ever in the U.S. Armed Forces? (12.) Yes No

Cause of Death (27.)

Failure to thrive Diabetes Mellitus Prostate Cancer Hypertension

Authorized Method of Disposition (Check all that apply)

<input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation (Authorization No., if applicable) _____	<input type="checkbox"/> Donation	Date of Disposition (21b.) <i>3-31-2010</i>
<input checked="" type="checkbox"/> Removal from Pennsylvania (Specify method of removal, if applicable) _____		

Place of Disposition (Name of cemetery, crematory or other place as listed in Item 21c.)

Hockessin Crematory Company

Location (City/town, state, zip code as listed in Item 21c.) <i>Hockessin, Delaware</i>	County (if in Pennsylvania)
--	-----------------------------

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., §450.504, 28 PA CODE, CHAPTER 1 AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.

Section B – Local Registrar

Signature and district number of Local Registrar issuing permit: ► <i>Maria DeFeo</i> 23233	Was this permit released as a blank pre-signed permit prior to filing the death certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Complete Address 117 Kildare Lane Aston, PA 19014-1228	If yes, date released to funeral director: If no, date permit issued by local registrar: <i>3-31-10</i>

Section C – Funeral Service Licensee (or person acting as such)	Section D – Cemetery or Crematory Official
Funeral Director License # <i>0132468-L</i>	I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.
Signature of Funeral Service Licensee (or person acting as such): ► <i>J. M. DeFeo</i> Date <i>3-31-10</i>	Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains): ► <i>Hockessin Crematory</i> Date of Disposition <i>3/31/10</i>
Complete Address Chandler Funeral Home 2506 Concord Pike Wilmington, DE 19803	Complete Address <i>7230 Lancaster Pike Hockessin DE 19705</i>

INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

Copies 1, 2 & 3: Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person acting as such) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within ten days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154, for the name and address of appropriate local registrar in district where disposition occurred.
- (3) Submit at the end of each month to: **Division of Vital Records, PO Box 1528, New Castle, PA 16103.**

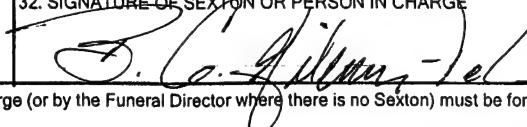
Copy 4: Issuing local registrar retains for his/her files.

COPY 1The cremated remains accompanying this permit was disposed of in accordance with its terms at
Rural Cemetery in Southborough, Massachusetts on June 19, 2010 in GrvlA of Lot37-S of Sec.C-West.*Dillon C. Miller, Jr.*

Cemetery Supervisor 6/21/2010

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO 2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) SHIRLEY B HARRIS		4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) MARCH 3, 2013
6. AGE 94 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 16, 1918	8. CITY, TOWN, OR LOCATION OF DEATH HANOVER	9. COUNTY OF DEATH GRAFTON
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) VALLEY CREMATORY			
12. LOCATION (City/Town, State) HARTFORD, VT			
13. DATE OF DISPOSITION (Refer to 19a) MARCH 5, 2013			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL UNKNOWN			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) UNKNOWN			
A CERTIFICATE OF DEATH, HAVING BEEN PREPARED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR JOHN W WILSON		17. N.H. LIC. NUM ONLY 673	
18. NAME AND LOCATION OF FACILITY (City/Town, State) RAND-WILSON FUNERAL HOME INC, HANOVER, NH			
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) JOHN W WILSON		20. CITY/TOWN HANOVER	21. DATE ISSUED (Month, Day, Year) MARCH 4, 2013
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) cremation burial Sec.C-West, Lot37s, Grv#1B		28. DATE OF DISPOSITION (Month, Day, Year) 5/17/2013	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION C-West	31. GRAVE NO. 1B	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

RECEIVED
 TOWN CLERK'S OFFICE
 2013 JUN 11 A 9:49
 SOUTHBOROUGH

Paul J. Berry
 Paul J. Berry
 Town Clerk

Interment Order

Cemetery: Southborough Cemetery Southborough, MA.

Name _____ City, State _____

Deceased: Hartwig Thelma R.

Last name _____ First name _____ Middle _____

Address: 2 Red Gate Lane Southborough MA.

Street _____ City _____ State _____

Date of Death: June 5, 2003 Place Gloucester, MA. Age 84

Funeral: Southborough Cemetery 11 AM Saturday, June 14, 2003

Place _____ Time _____ Day _____ Date _____

Funeral Director: John W. Greely *978-285-0698*
 James C. Greely Funeral Service, Inc., Gloucester, MA. 01930

Cemetery Information:

Number of Graves in Lot: _____ Grave No. 3A

Section 6 Lot No. 12A Cremation X

Full Burial _____

Owner of Lot: Hartwig William A.

Last name _____ First name _____ Middle _____

Address: 2 Red Gate Lane, Southborough, MA. 01772

I hereby certify that I am the (given relation) Husband of the above named decedent and that this is your authority to make deposition of the remains of said decedent as above indicated. I hereby certify and represent that I have the right to make this authorization and I agree

To hold Southborough cemetery harmless from any liability
 Of said authorization.

Signed: Vina Hartwig Dated: June 10, 2003

Owner or Legal Representative

Address: 2 Red Gate Lane, Southborough, MA. 01772

978-485-0264

Date of Interment June 14, 2003 Sec. 6 Lot 12A Grv# 3A

Supervisor in Charge Bridget A. Gilleney
 Bridget A. Gilleney



BURIAL-TRANSIT PERMIT

Paul J. Berry

OFFICE OF HEALTH
Paul J. Berry STATUS MONITORING
Town Clerk PERMIT NO. 2004 - 004670

NAME OF DECEASED (FIRST, MIDDLE, LAST) MICHAEL CHARLES HEATON				DATE OF DEATH August 30, 2004	
SEX MALE	RACE CAUCASIAN	AGE 35 Yr(s)	PLACE OF DEATH (CITY OR TOWN) KAAWA	(COUNTY) HONOLULU	(STATE) HAWAII
DISPOSITION: REMOVAL		PLACE OF DISPOSITION (NAME OF CEMETERY OR CREMATORY) JOHN MATTARESE FUNERAL HOME			
DATE OF DISPOSITION: September 4, 2004		(CITY OR TOWN, COUNTY, STATE OR COUNTRY) ASHLANE, MASSACHUSETTS			
NAME OF FUNERAL ESTABLISHMENT BORTHWICK MORTUARY		BUSINESS ADDRESS 1330 MAUNAKEA STREET HONOLULU, HI 96817			
A CERTIFICATE OF DEATH HAVING BEEN FILED, PERMISSION IS HEREBY GIVEN TO DISPOSE OF THIS BODY					
SIGNATURE OF LOCAL REGISTRAR <i>Jane L.</i> =>	(CITY OR TOWN) HONOLULU		(COUNTY) HONOLULU	DATE September 2, 2004	
AUTHORIZED DISPOSITION AS STATED ABOVE OCCURRED ON (DATE)	Sec. A, Lot 30, Grv#3 September 7, 2004		SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR CREMATORY 1 <i>Bethel C. Yileng - TelCom</i>		

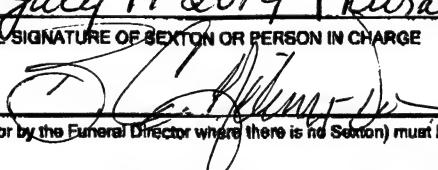
Disposition occurred at Rural Cemetery, Southborough, MA

1103154

1 Where no designated person is in charge of a cemetery, the funeral director should sign here. The person signing is responsible for returning this permit within 10 days to the registrar of the district in which burial or cremation took place.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE		1. BURIAL PERMIT NO	
BURIAL TRANSIT PERMIT		2. CITY OR TOWN	
3. DECEASED'S NAME (First, Middle, Last) BARBARA ANN HEBDEN		4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) JULY 16, 2014
6. AGE 79 Years	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 21, 1935	8. CITY, TOWN, OR LOCATION OF DEATH NASHUA	9. COUNTY OF DEATH HILLSBOROUGH
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3.Cremation 4.Donation 5.Mausoleum 6.Other):		CODE: SOUTHBOROUGH, MA	
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY			
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA			
13. DATE OF DISPOSITION (Refer to 19a) JULY 17, 2014			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) Rural Cemetery, Southboro. Ma 01772			
16. FUNERAL DIRECTOR NANCY G MORRIS		17. N.H. LIC. NUM ONLY 0000	
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) CARLA MICHAUD		20. CITY/TOWN NASHUA	21. DATE ISSUED (Month, Day, Year) JULY 17, 2014
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) July 17 2014	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Southboro Rural Cemetery MA
30. SECTION Sec. C-West Lot 56east	31. GRAVE NO. #2	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

Received and filed in the Office of the Town Clerk Oct. 27, 2006 3:30pm

Cayuga Crematorium Incorporated

P.O. Box 22 55 West Main Street Dryden, N.Y. 13053

Paul J. Berry
Paul J. Berry
Town Clerk

Certificate of Cremation

This certifies that the remains of:

Marjorie E. Hock

were cremated on July 27, 2006 at the Cayuga Crematorium Incorporated, Dryden, N.Y.
and these are the cremated remains of said body.

Date of Death July 25, 2006 Age: 85

Funeral Home Riccardi Funeral Home

Registered No. 5847

Brennan P. Perkins
(Manager)

New York State Vandalism Fee Paid by Crematorium.

I certify that the cremated remains identified on the reverse side were interred in accordance with cemetery regulations on:

Date of Disposition 10/4/06 Place of Disposition Rural Cemetery
Southborough, MA 01772
(Cemetery Name)

<u>11-East.</u>	<u>40</u>	<u>7A</u>
(Section)	(Lot Number)	(Grave)

Name of Sexton or Person in Charge of Premises Budgett A. Gilleeney-JeCenko
(Please print)

Signature Budgett A. Gilleeney-JeCenko Title Cemetery Supervisor

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEASED—FIRST SEAN		1B. MIDDLE ARTHUR	1C. LAST HORTON
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 07/30/1968	4. DATE OF DEATH (MONTH, DAY, YEAR) 07/08/2007	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH SAN RAFAEL		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE MARIN	
7A. NAME OF INFORMANT LEWIS HORTON		7B. RELATIONSHIP TO DECEASED FATHER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE MONTE'S CHAPEL OF THE HILLS 330 REDHILL AVE SAN ANSELMO, CA 94960
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 8 LOWELL ROAD WELLESLEY, MA 02481		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD602	
ACKNOWLEDGEMENT OF APPLICANT —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION <small>This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.</small>			
10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 07/21/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FRED S SCHWARTZ, MD	9B. DATE SIGNED 07/21/2008
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SUITE 2006 SAN RAFAEL, CA 94903		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --	
11. AUTHORIZED DISPOSITION(S) TR/BU		FOR CORONER'S USE ONLY	
cremation BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery Southborough, MA 01772		12B. DATE BURIED Aug. 5, 2008
	*Burial of cremated remains.		12C. INTERMENT NUMBER—IF APPLICABLE Sec.B-West, Lot 47
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIUM		13B. DATE CREMATED
			13C. CREMATION NUMBER—IF APPLICABLE
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED
			14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY, SOUTHBOROUGH, MA 01772		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
			15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		16B. DATE OF DISPOSITION
			16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL			

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORIUM, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INSTRUCTIONS FOR COPY DISTRIBUTION

- COPY 1** ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 2** RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3** RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 4** RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)

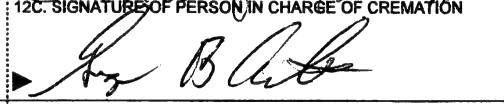
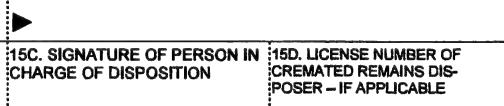
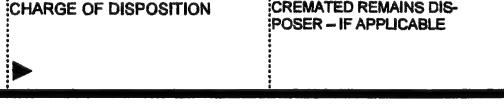
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

C-17774

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN) SEAN	1B. MIDDLE ARTHUR	1C. LAST (FAMILY) HORTON	2. DATE OF BIRTH MONTH, DAY, YEAR 07/30/1968	3. DATE OF DEATH MONTH, DAY, YEAR 07/08/2007	4. SEX M
5A. CITY OF DEATH SAN RAFAEL		5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE MARIN		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEWIS HORTON, FATHER 8 LOWELL ROAD WELLESLEY, MA 02481	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MONTE'S CHAPEL OF THE HILLS, 330 REDHILL AVE SAN ANSELMO, CA 94960		7B. CALIF. LICENSE NUMBER – IF APPLICABLE FD602		8A. SIGNATURE OF APPLICANT – Person taking permit  07/10/07	
ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>					

PERMIT <small>AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 07/10/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  FRED S SCHWARTZ, MD
			9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SUITE 2006 SAN RAFAEL, CA 94903		
10. AUTHORIZED DISPOSITION(S) CR/TR/RES		FOR CORONER'S USE ONLY			

COMPLETE ALL APPLICABLE ITEMS	cremains BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery Southborough, MA 01772		11B. DATE BURIED Aug. 5, 2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY VALLEY MEMORIAL PARK, NOVATO, CA 94945		12B. DATE CREMATED 7-14-07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED --	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED RESIDENCE OF LEWIS HORTON, 8 LOWELL ROAD, WELLESLEY, MA 02481		14B. DATE SHIPPED --	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		15B. DATE OF DISPOSITION --	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V89e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

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STATE OF NEW HAMPSHIRE BURIAL - TRANSIT PERMIT

1. BURIAL PERMIT NO.

2. CITY OR TOWN
KEENE

3. DECEDENTS NAME - (First, Middle, Last)

MARGARET ROCHE HOWARTH

4. SEX

FEMALE

5. DATE OF DEATH (Month, Day, Year)

DECEMBER 23, 1993

6. AGE
93 YRS7. DATE OF BIRTH (Month, Day, Year)
APRIL 20, 19008. CITY, TOWN OR LOCATION OF DEATH
KEENE9. COUNTY OF DEATH
CHESHIRE

10. METHOD OF DISPOSITION:

1. Burial 2. Temp. Entombment
3. Cremation 4. Donation
5. Mausoleum 6. Other

CODE: I

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

RURAL CEMETERY

12. LOCATION (City/Town/State)

SOUTHBORO, MA

13. DATE OF DISPOSITION

DEC 28, 1993

14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL DISPOSITION

15. LOCATION (City/Town/State)

15a. DECEASED HAD OR SUSPECTED
TO HAVE NA A CONTAGIOUS DISEASE

A CERTIFICATE OF DEATH. HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:

16. FUNERAL DIRECTOR

DILUZIO SR, ROBERT J

17. N.H. LICENSE NO. ONLY

452

18. NAME AND LOCATION OF FACILITY (City/Town/State)

FOLEY FUNERAL HOME, KEENE, NH

21. DATE ISSUED (Month, Day, Year)

DECEMBER 23, 1993

19. COUNTERSIGNED AGENT (City Board of Health/Sub-Registrar, if applicable)

DILUZIO SR, ROBERT J

20. CITY/TOWN

KEENE

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)

23. DATE STORED (Month, Day, Year)

24. CITY/TOWN/STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT

26. DATE ISSUED (Month, Day, Year)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

27. TYPE OF DISPOSITION (Cremated, buried, etc.)

Buried

28. DATE OF DISPOSITION (Month, Day, Year)

December 28, 1993

29. NAME AND LOCATION OF CEMETERY, CREMATORIAL OR VAULT (City/Town/State)

Rural Cemetery, Southborough, MA

30. SECTION

12 (lot 4A)

31. GRAVE NO.

2

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

IMPORTANT! SEE OTHER SIDE.

READ CAREFULLY

JAN 05 1994

OFFICIALS: This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - ~~No stamp~~. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does not mean that all bodies must be embalmed in order to be cremated. This permit does not need to follow **cremains** to their final disposition.

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

DISINTERMENT: This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.



State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT 2/22/02 Received in the Office
of the Town Clerk

A. (TYPE)			
1. Name of Deceased	First THELMA	Middle VIRGINIA	Last HUBBARD
2. Place of Death County	City, Town or Location Lake Tavares		Name of Hosp. or Inst. Somerset on Lake Saunders
3. Name of Medical Certifier	Ivette Santiago	Address 3130 Waterman Way Tavares, FL 32778	Phone Number 352-742-8830
4. Name of Funeral Establishment	Home/Direct Disposal Steverson, Hamlin & Hilblish Funeral Home 226 E Burleigh Blvd, Tavares, FL 32778	Address 256	Fla. Lic. No./Reg. No. 352-343-4444
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> Dr Santiago was contacted on 02-04-02 . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that she will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____, He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.		
6. Funeral Director/ Direct Disposer	Signature <i>Matthew A. Peiss</i>	F.E. No./Reg. No. 4318	Date Signed 2-5-02

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. **256-0538**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: **02-04-02**

Date Certificate

Due: **02-13-02**

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORIAL Southborough Rural Cemetery

Place of Disposition **Sec. 6, Lot 40, Grv#2 on 2/15/02**

<input type="checkbox"/> BURIAL	<input type="checkbox"/> STORAGE	Date of Disposition Burial on February 15, 2002
<input type="checkbox"/> CREMATION	<input checked="" type="checkbox"/> OTHER (Specify) REMOVAL FROM STATE	
Signature of Sexton or Person-in-Charge }	<i>Judith C. Hillbush</i>	

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

I hereby certify the the cremated remains accompanying this permit was disposed of in accordance with the terms, at Rural Cemetery Southborough, MA on November 15, 2008

Cert. by Budford (William) Lilliam

Final Disposition Sec.E, Lot 2-C, Grv#2A

TYPE OR PRINT WITH BLACK INK	FILING DATE	CERTIFICATE OF DEATH					STATE FILE NUMBER	123-	
		STATE OF MISSISSIPPI			2. SEX	3a. HOUR OF DEATH			3b. DATE OF DEATH (Month, Day, Year)
<p>If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items</p> <p>For RESIDENCE items, enter actual location of home rather than mailing address</p>	1. NAME	First	Middle	Last	Female	03:33 a.m.	September 02, 2008		
	4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR Years	ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH			
	White	85			January 23, 1963	Lamar			
	Hattiesburg	7b. CITY OR TOWN OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	7e. STATE OF BIRTH		
			Wesley Medical Center (37m)			INPT.	MS		
	American	9. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elem/High School (0-12) 12	College (14-5+)	10. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	No	
					Widowed				
		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done most of working life)	15b. KIND OF BUSINESS OR INDUSTRY			
		American	018-18-7100		Homemaker	Ovn Home			
		16a. RESIDENCE-STATE	16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION			
	Mississippi	Forrest	Hattiesburg	Yes	6490 Highway 49 Apt 253				
PARENTS	17. FATHER-NAME	First	Middle	Last	18. MOTHER-NAME	First	Middle	Maiden	
	Salvatore		Zalba		Carmella			Ferro	
INFORMANT	19a. INFORMANT-NAME (Type or print)			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
	Robert Jackson			6490 Highway 49 Apt 253 Hattiesburg, MS 39401					
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify)	20b. CEMETERY, CREMATORIUM-NAME			20c. LOCATION (City and State)	21a. EMBALMER-SIGNATURE AND NUMBER			
	Cremation	Memorial Gardens			Picayune, MS	> "Not Embalmed"			
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)							
	Moore Funeral Home 18M	P.O. Box 2056 Hattiesburg, MS 39403							
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)					22b. PRONOUNCED DEAD (Month, Day, Year)	22c. PRONOUNCED DEAD (Hour)		
	Dr. Grif Leek, MD					ON September 02, 2008 AT 03:33 a.m.			
CERTIFIER	23a. CERTIFIER-NAME (Type or print)			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
	Blakley Wayne Davis - CMET			P.O. Box 1963 Purvis, MS. 39475					
Mississippi State Board of Health Form No. 511 Revised 1-1-89	This section to be completed by physician if NOT a medical examiner	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE ►			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. MD This section to be completed by medical examiner ONLY SIGNATURE ► Blakley Wayne Davis				
		24b. DATE SIGNED (Month, Day, Year)			24c. STATE LICENSE NUMBER	24f. TITLE			Lamar County Coroner
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)							24g. DATE SIGNED (Month, Day, Year)
									September 02, 2008
CAUSE OF DEATH	25. PART I. DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) End Stage Alzheimer's Disease DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) Hypertension					Interval between onset and death		
Conditions, if any, which gave rise to immediate cause stating the underlying cause last									
Had Decedent been Pregnant Within 90 Days Prior to Death?									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	Status Post CABG X 2, & Dementia					27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)		
Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED					
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number	City or town	State			

BURIAL TRANSIT PERMIT

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK NOVEMBER 20, 2008 AT 11:45 AM

PAUL J. BERRY, TOWN CLERK

SEARCHED
INDEXED
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2015 MAR 25 AM 11:20
SOUTHBOROUGH, MA
M

FILE COPY

State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT



DATE PRINTED: March 17, 2015

TRACKING NUMBER: 2015042933

1.

DECEDENT INFORMATION

Name of Deceased		Date of Death
JOSEPHINE JEROME		March 12, 2015
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
INDIAN RIVER	VERO BEACH	901 37TH STREET
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
STRUNK FUNERAL HOME AND CREMATORIUM - VERO BEACH F041804		F041804 (772) 562-2325
916 17TH ST VERO BEACH, FLORIDA, 32960		
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
R. MARSHALL VOYLES JR		F043488

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number: 2015-F041804-5102

Date Issued: March 16, 2015

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 19 Approval Number: C15-19-03-288

4.

CEMETERY OR CREMATORIUM

Place of Disposition: VERO BEACH CREMATORIUM

Method of Disposition: CREMATION

Date of Disposition: _____

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.
DH 326E, 10/12
64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains accompanying
this permit were disposed of in accordance with its terms:

at Rural Cemetery Southborough, MA On March 24, 2015

Final Disposition Sec. 2, Lot 38-B, Grv#2A

Certified by B. D. Dunn
Cemetery Supervisor

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

STATE USE
ONLY

4a PLACE

4c HOSP.

DECEDENT

5. TYPE

7. VET.

8. HISP RACE

9. EDUC.

10. AGE

INFORMANT

11. NATIVITY

DISPOSITION

12. MARITAL

15. RESID.

15. OUT-STATE

23. DISP.

31-32 AUTOP.

33. MED EXAM

CERTIFIER

34. MANNER

35C. WORK INJ

35F. PLACE

36-37 CERT

40A. RN PRO

BLACK INK ONLY

DECEDENT - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1 GORDON		H.	JEWELL	2 M	3 April 9, 1990
PLACE OF DEATH (City/Town)	4a SOUTHBORO		COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
4a SOUTHBORO		4b MIDDLESEX		4c 200 MAIN ST	
PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____	SOCIAL SECURITY NUMBER	
				6 032-10-6776	
5 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b White	DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) _____ College (1-4, 5+) _____	
AGE - Last Birthday (Yrs.) 10a 74		UNDER 1 YEAR MOS 10D	UNDER 1 DAY HOURS 10C MINS	DATE OF BIRTH (Mo., Day, Yr.) 10d Nov. 29, 1915	BIRTHPLACE (City and State or Foreign Country) 11 Worcester MA
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) 13 Mary S. Armitage		USUAL OCCUPATION (Prior - If retired) 14a SALESMAN	KIND OF BUSINESS OR INDUSTRY 14b Auto supplies
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a 200 Main St. Southboro Middlesex MA				ZIP CODE 15b 01772	
FATHER - FULL NAME 16 George Jewett		STATE OF BIRTH (If not in US, name country) 17 Canada	MOTHER - NAME (GIVEN) 18 Martha Hobbs	(MAIDEN) 19 Canada	STATE OF BIRTH (If not in US, name country)
INFORMANT 20 Mary S. Jewett		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 200 Main St. Southboro MA 01772			
METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:		FUNERAL SERVICE LICENSE 24 EDWARD P. SHEA		FUN. SERVICE LICENSE # 25 5318	
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a RURAL CEMETERY		LOCATION (City/Town, State) 26b Worcester MA			
DATE OF DISPOSITION (Mo., Day, Yr.) 27 Apr. 11, 1990		NAME OF FACILITY 28a MCCREA - Murphy Inc.		ADDRESS OF FACILITY 28b 921 Main St. Worec. MA	
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____					
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____					
c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____					
d. _____					
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.					
30					
WAS CASE REFERRED TO MED EXAM? (Yes or No) 33	34 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		DATE OF INJURY (Mo., Day, Yr.) 35a	TIME OF INJURY 35b	WAS AUTOPSY PERFORMED? (Yes or No) 31
DESCRIBE HOW INJURY OCCURRED			PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e	LOCATION (No. & St., City/Town, State) 35f	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32
35d					
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)			37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		
36b DATE SIGNED (Mo., Day, Yr.) 36c HOUR OF DEATH M			37b DATE SIGNED (Mo., Day, Yr.) 37c HOUR OF DEATH M		
36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 36d			37d PRONOUNCED DEAD (Mo., Day, Yr.) 37e PRONOUNCED DEAD (Hr.) 37e M		
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)					
38					
WAS THERE AN R.N. PRONOUNCEMENT? Yes or No 40a	IF YES, DATE PRONOUNCED 40b	IF YES, TIME PRONOUNCED 40c	40d NAME OF PRONOUNCING REGISTERED NURSE NAME M		
DATE BURIAL PERMIT ISSUED: Date -			RECEIVED IN THE CITY/TOWN OF:		
SIGNATURE - BD. OF HEALTH AGENT 41 Your name			CLERK'S SIGNATURE 42		
DATE OF RECORD 43					

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE: _____ DATE OF DISCHARGE: _____

SERVICE NUMBER: _____ RANK, RATING: _____

ORGANIZATION AND OUTFIT: _____

INSTRUCTIONS USE ONLY DURABLE BLACK INK

TO CERTIFIER:

Complete the following items.

DO NOT COMPLETE ITEMS 1 TO 28 ON FRONT SIDE.

DECEDENT - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1 PLACE OF DEATH (City/Town)	4a	4b COUNTY OF DEATH	4c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	2	3
4a PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA					
4b OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
5					

AND COMPLETE ITEMS 29-40 on reverse side. NOTE: Item #36 is for certifying physician only and item 34, 35, and 37 for medical examiners only. Items 38-40 are for both.

TO FUNERAL DIRECTOR:

1. Item #'s 1 through 28 must be completed. Strikeovers, erasures, etc. are not permitted.
2. File completed certificate with Board of Health or its authorized agent for the city or town where the death occurred (item #4a).

TO BOARD OF HEALTH AGENT:

1. Examine for accuracy and completeness.
2. Sign and date item #41 only after the certificate is satisfactory and the permit is issued.

RULES OF PRACTICE

1. The following cases must be referred to a Medical Examiner (MGL Ch. 38, Sec. 6). When any person in the Commonwealth is supposed to have died by violence, or:
by the action of chemical, thermal or electrical agents, or
following abortion, or from
diseases resulting from injury or infection relating to occupation, or
suddenly when not disabled by recognizable disease, or from
malnutrition, or from
sexual abuse, or
a child who is determined to be physically dependent upon an addictive drug at birth, or when any person is found dead.
2. In other cases, or if the Medical Examiner waives jurisdiction, the certifier may be (MGL Ch. 46, Sec. 9; Ch. 114, Sec. 45):
the attending physician;
the board of health physician;
the physician declaring such person dead;
a duly appointed registered hospital medical officer.

RECEIVED
TOWN CLERK'S OFFICE
COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS No. 0633586
2011 FEB 18 AM 11:26
DISPOSITION / TRANSIT PERMIT
SOUTHBOROUGH, MA
MJ

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS No. 0633586
DISPOSITION / TRANSIT PERMIT

(See reverse side for completion instructions)

Section A – Local Registrar or Funeral Director

Transcribe Information as listed on Certificate of Death per corresponding item numbers in parenthesis.

Full Name of Decedent (1.) HENRY JOHNSON	Sex (2.) MALE	Date of Death (4.) 2-9-2011	Date of Birth (6.) 10-6-2010
County of Death (8b.) PHILA	City, Boro, Twp. of Death (8c.) PHILA	Facility Name (8d.) Rathborough Memorial Hosp.	

Was Decedent ever in the U.S. Armed Forces? (12.) Yes No

Cause of Death (27.)
PENDING

Authorized Method of Disposition (Check all that apply)

<input checked="" type="checkbox"/> Burial	<input type="checkbox"/> Entombment	<input type="checkbox"/> Cremation (Authorization No., if applicable) _____	<input type="checkbox"/> Donation
<input type="checkbox"/> Removal from Pennsylvania (Specify method of removal, if applicable) _____			2-16-2011

Place of Disposition (Name of cemetery, crematory or other place as listed in Item 21c.)
RURAL CEMETERY

Location (City/town, state, zip code as listed in Item 21d.)
SOUTH BOROUGH MA

County (if in Pennsylvania)

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S. §450.504, 28 PA CODE, CHAPTER 1 AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.

Section B – Local Registrar

Signature and district number of Local Registrar issuing permit:
Agnes J. Devereux **51461**

Was this permit released as a blank pre-signed permit prior to filing the death certificate?

Yes No

Complete Address DIVISION OF VITAL RECORDS
110 NORTH 8TH STREET, SUITE 108
PHILADELPHIA, PA 19107

If yes, date released to funeral director:

If no, date permit issued by local registrar:

Section C – Funeral Service Licensee (or person acting as such)

Funeral Director License # **FSO15565**

Signature of Funeral Service Licensee (or person acting as such):
Francis Edwin Stankus III

Complete Address

**Hancock EH LTD
8018 ROOSEVELT BL
PHILA PA 19128**

I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.

Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains):
John H. Harrington

Date of
Disposition
2/16/2011

Complete Address

**Rural Cemetery
11 Cordaville Rd.
Southborough, MA 01772-1808**

INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

Copies 1, 2 & 3: Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person acting as such) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within ten days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154, for the name and address of appropriate local registrar in district where disposition occurred.
- (3) Submit at the end of each month to: **Division of Vital Records, PO Box 1528, New Castle, PA 16103.**

Copy 4: Issuing local registrar retains for his/her files.

INSTRUCTIONS FOR COMPLETION OF DISPOSITION/TRANSIT PERMIT

All individuals whose signatures appear on this Disposition/Transit Permit certify that he or she has met all requirements of the following:

- Vital Statistics Law 35 P.S., §450.504
- 28 PA Code, Chapter 1
- Any other Commonwealth Laws regarding disposition of dead bodies

Section A

Local registrar or funeral director is responsible for completion, as follows:

- Transcribe information as listed on Certificate of Death per corresponding item numbers in parenthesis.
- Indicate applicable method(s) of disposition.
- Enter county in which the cemetery, crematory, or other place of disposition is located if place of disposition is in Pennsylvania. If place of disposition is not in Pennsylvania, enter "N/A" if county unknown.
- Enter permit number (as it appears in top right corner of the Disposition/Transit Permit) on the Certificate of Death.

Section B

Local registrar releasing Disposition/Transit Permit is responsible for completion, as follows:

Disposition/transit permit is not valid unless the following information has been entered in this section:

- Signature and district number of local registrar.
- Complete address of local registrar.
- Date Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit (prior to the filing of the Certificate of Death) OR date Disposition/Transit Permit was issued by local registrar.

Section C

Funeral Service Licensee (or person acting as such) is responsible for completion, as follows:

- Funeral director's license number, if applicable.
- Signature and complete address of the funeral service licensee or person acting as such.
- If Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit prior to the filing of the Certificate of Death, funeral director must enter date Section A was completed. If not a pre-signed permit, funeral service licensee or person acting as such must enter date of signature.

IMPORTANT: The Certificate of Death must be filed with the local registrar who released the pre-signed permit (as reflected in Section B).

Section D

Cemetery or Crematory Official is responsible for completion, as follows:

- Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- Date of disposition.

Please refer to the front of this permit regarding instructions for distribution of copies.

10/14/03 Pg. 154-B, Sec. 5, Lot 23A, Grv#3, Morris F.H., Flagg Palmer vault
 Received and filed in the Office of the Town Clerk Oct. 28, 2003 9:00am Paul J. Berry,
DISTRIBUTION OF COPIES: Place of Final Disposition Place Permit Issued Town Clerk
 Place of Death Issuing Clerk - Retain Until
 Endorsement Received

STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Elva Mae Johnstone				2. DATE OF DEATH (Mo., Dy., Yr.) October 9, 2003	
3. SEX F	4. AGE 88	5. WAS DECEASED EVER IN U.S. ARMED FORCES? No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) Caribou, Maine	
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON duncan-Graves Funeral Home, Inc., Presque Isle, Maine				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 09063	
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science				<input type="checkbox"/> Application or Court Order for Disinterment

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR → <i>Mary C. Johnstone</i>	11. CITY OR TOWN Presque Isle	12. DATE SIGNED (Mo., Dy., Yr.) Oct. 10, 2003
DISPOSITION		
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT	14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
REMAINS WERE: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION <i>Ryan</i> Southboro Cemetery	18. LOCATION (City or Town) (State) Southboro, MA
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>Lawrence C. Dallaway</i>	
DISPOSITION OF CREMAINS: <input type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	22. LOCATION (City or Town) (State)
	23. SIGNATURE OF RESPONSIBLE PERSON →	
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT	26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
28. DATE (Mo., Dy., Yr.) 10/14/03		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

**State of Florida, Department of Health, Bureau of Vital Statistics****BURIAL TRANSIT PERMIT**

DATE PRINTED: September 17, 2018

TRACKING NUMBER: 2018144099
M00122P1001**1.****DECEDENT INFORMATION****Name of Deceased**

CHESTER EDWARD KENBOK

SOUTH SEMINOLE HOSPITAL

Date of Death

September 3, 2018

Place of Death - County

SEMINOLE

City, Town or Location

LONGWOOD

Name of facility, or street address if not a facility

VITAS SUITES AT SOUTH SEMINOLE HOSPITAL

Name and Address of Funeral Home/Direct Disposal EstablishmentNEWCOMER CREMATIONS, FUNERALS & RECEPTIONS F080231
335 EAST STATE ROAD434
LONGWOOD, FLORIDA, 32750**Fla. Lic. No./Reg. No.**

F080231

Phone Number

(407) 260-5400

Funeral Director/Direct Disposer

JESSICA R COMBS

Fla. Lic. No./Reg. No.

F073088

Medical Verification Statement

Kathy at the certifying physician's office, was contacted on 09/04/2018 by the funeral director listed above; he/she indicated that MARC GORDON KAPROW, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.**BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2018-F080231-5157

Date Issued: September 4, 2018

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 7

Approval Number: SM23870

4.**CEMETERY OR CREMATORY****Place of Disposition:***Final Cremation, South Seminole Hospital***Method of Disposition:***Burial or Cremated Remains*Date of Disposition: *Sept 29, 2018*

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

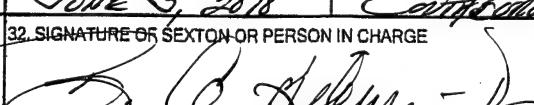
If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO RECEIVED TOWN OF NEW HAMPSHIRE'S OFFICE	
3. DECEDENT'S NAME (First, Middle, Last) JOAN KALLANDER		4. SEX FEMALE	5. DATE OF DEATH (Month/Day/Year) JUN 13 A II: 51 FEBRUARY 9, 2018
6. AGE 82 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 15, 1935	8. CITY, TOWN, OR LOCATION OF DEATH GOFFSTOWN	9. COUNTY OF DEATH SOUTHBOROUGH, MA HILLSBOROUGH
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM			
12. LOCATION (City/Town, State) MANCHESTER, NH			
13. DATE OF DISPOSITION (Refer to 19a) FEBRUARY 13, 2018			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR MADISON H FORTIN		17. N.H. LIC. NUM ONLY 1051	
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) MICHELE M PHANEUF PLASZ		20. CITY/TOWN GOFFSTOWN	21. DATE ISSUED (Month, Day, Year) FEBRUARY 9, 2018
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) BURIED OR CREMATED REMAINS		28. DATE OF DISPOSITION (Month, Day, Year) JUNE 5, 2018	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) East Cemetery Southborough, MA
30. SECTION C-WEST LOT 38-5	31. GRAVE NO. GRAVE 38	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton), must be forwarded within six days to the clerk of the town in which the disposition takes place.			

Permit # 103305
2/15/2018

Phaneuf Funeral Home
& Crematorium

603-622-1800

Madison Fortin #103

3/10/92 Pg.Box, Sec E, Grave #25, Wadsworth Funeral Home, Flagg Palmer Vault

REMOVAL, TRANSIT, AND BURIAL PERMIT

VS-9 REV. 2/84

STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES
HARTFORD, CONNECTICUT 06106

PERMIT NO.

DATE ISSUED

317192

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

WHO DIED AT

ON

Beet Kaptelyn St Mary's Waterbury

3/6/92

CAUSE OF DEATH

Cardiac Arrhythmia

TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)

FINAL DISPOSITION (Name and address of cemetery or crematory)

Wadsworth Cemetery Southboro Mass

ISSUED TO (Name of Funeral Director or Embalmer)

(Address)

Wadsworth F.D.

318 Union Ave Framingham Ma. 01701

(If embalmer,
lic. no.) 5803

Certificates required by state statute
have been received and recorded.

Body has been prepared in accordance
with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

(Town of)

Dolores Dolcino Shore

WATERBURY

TRANSIT PASTER

YES

NO

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED
CEMETERY (Sexton's Signature)

Budgett Hilleney

DATE BODY BURIED

3 / 10 / 92

RECORDED
TOWN OF SOUTHBOROUGH

MAR 12 1992

TOWN CLERKS OFFICE

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM RT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO <i>RECEIVED 12-31-2014</i>
3. DECEDENT'S NAME (First, Middle, Last) JUDITH E KEARNS		2. CITY OR TOWN <i>WORCESTER, MA</i>
6. AGE 78 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 26, 1836	8. CITY, TOWN, OR LOCATION OF DEATH BEDFORD
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): 3		5. DATE OF DEATH (Month, Day, Year) DECEMBER 30, 2014
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CREMATORIUM		
12. LOCATION (City/Town, State) WORCESTER, MA		
13. DATE OF DISPOSITION (Refer to 18a) JANUARY 2, 2015		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL RURAL CEMETERY		
15. LOCATION OF FINAL DISPOSITION (City/Town, State) SOUTHBOROUGH, MA		
16. FUNERAL DIRECTOR NANCY MORRIS		17. N.H. LIC. NUM ONLY 0500
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA		
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register II app.) ARTHUR O PHANEUF	20. CITY/TOWN BEDFORD	21. DATE ISSUED (Month, Day, Year) DECEMBER 31, 2014
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)	23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) 1/7/2015
29. SECTION M	30. GRAVE NO. 10A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>[Signature]</i>
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.		

Received and filed in the Office of the Town Clerk Oct. 9, 2002 10:30am



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

R. J. Berry
Paul J. Berry
 Town Clerk

A. (TYPE)			Date _____ of Death August 5, 2002
1. Name of Deceased	First Florence	Middle Marie	Last Kenbok
2. Place of Death County	City, Town or Location Orange Orlando		Name of (If neither, give street address) Hosp. or Inst. 104 Constable Court
3. Name of Medical Certifier Dr. Robert Law	Address 11863 E. Colonial Drive Orlando, Florida 32826		Phone Number 407-207-5000
4. Name of Funeral Establishment Dove Funeral Chapel & Crematory, Inc.	Address 4310 Curry Ford Road Orlando, Florida 32806	Fla. Lic. No./Reg. No. 2114	Phone No. (Area Code) 407-851-1983
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. <i>Office Staff - Melissa</i> was contacted on 08/05/02. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Law will complete and sign the medical certification of cause of death within 72 hours. was contacted on _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.		
6. Funeral Director Direct Disposer	Signature <i>LL Phillips</i>	F.E. No./Reg. No. 4287	Date Signed 08/05/02
B.	<p>BURIAL - TRANSIT PERMIT</p> <p>to dispose of this body.</p> <p>For filing the death certificate (exclusive of weekends) has been requested and granted since the physician has directed and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.</p> <p>No extension of time for filing the death certificate has been requested.</p> <p>Registrar or Subregistrar Signature <i>Tom Willis</i></p> <p>Date Issued: 08/05/02 Date Certificate Due: 08/15/02</p>		
C.	<p>AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA</p> <p>Approval Number: _____ Date: _____</p> <p>Medical Examiner, <i>Tom Willis</i>, gave authorization by telephone to <i>Jonathan Scott</i> Funeral Director/Direct Disposer. Date <i>8/10/02</i></p> <p>The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.</p>		
D.	<p>CEMETERY OR CREMATORIUM</p> <p>Method of Disposition: <input type="checkbox"/> BURIAL <input type="checkbox"/> STORAGE Date of Disposition 8/10/02</p> <p><input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER (Specify) _____ Signature of Sexton or Person-in-Charge <i>Tom Willis - Phillips</i></p>		

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JULY 19, 2002 AT 10:30 AM

DISTRIBUTION OF COPIES: Place of Final Disposition Place of Death Place Permit Issued Issuing Clerk - Retain Until
Endorsement ReceivedSTATE OF MAINE
DEPARTMENT OF HUMAN SERVICES

PAUL J. BERRY, TOWN CLERK

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Brianna C. Kennedy			2. DATE OF DEATH (Mo., Dy., Yr.) July 10, 2002
3. SEX F	4. AGE 5 Mos.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? No	6. PLACE OF DEATH (City or Town) Bangor Maine (State)
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Kincer Funeral Home 14 South Pleasant St. Richmond, Me 04357			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 9594
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment			
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment			

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR 	11. CITY OR TOWN Richmond	12. DATE SIGNED (Mo., Dy., Yr.) July 11, 2002
--	-------------------------------------	---

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT	14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 	
REMAINS WERE: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery	18. LOCATION (City or Town) (State) Southborough Massachusetts
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON 	
DISPOSITION OF CREMAINS: <input type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	22. LOCATION (City or Town) (State)
	23. SIGNATURE OF RESPONSIBLE PERSON 	
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT	26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 	

BSW

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

RECEIVED
TOWN CLERK'S OFFICE

STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

139225 0001979

BURIAL TRANSIT PERMIT

201 MAP 1 A 10:25

SOUTHBOROUGH, MA 01740

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

STATE FILE NUMBER			
1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George F KILLAM		2. DATE OF DEATH (Mo/Day/Year) February 22, 2011	3a. COUNTY OF DEATH Clark
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3959 Cedaredge Court	3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residence
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 67
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) May 20, 1943
9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name) Helen O PIERCE	
13. SOCIAL SECURITY NUMBER 024-32-2847		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Massachusetts		15b. COUNTY Worcester	15c. CITY, TOWN OR LOCATION Southborough
15d. STREET AND NUMBER 61 Richards Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert E KILLAM		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen O PIERCE	
18a. INFORMANT- NAME (Type or Print) Kevin KILLAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3959 Cedaredge Court Las Vegas, Nevada 89120	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORIAL NAME Palm Crematory	
19c. LOCATION City or Town State Las Vegas Nevada 89101			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Sexton) BART BURTON SIGNATURE AUTHENTICATED		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LISA M JACKSON SIGNATURE AUTHENTICATED	
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH 01:05	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) February 28, 2011	
22c. HOUR OF DEATH 01:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 22, 2011	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) LISA M JACKSON 1704 Pinto Lane Las Vegas, NV 89117		23b. LICENSE NUMBER 880	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 28, 2011	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I Arteriosclerotic cardiovascular disease		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertensive cardiovascular disease		26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

Palm Crematory

(Name of Cemetery or Crematory)

Signature of person in charge
of the cemetery or crematory

Date

3-3-11

VRS-Rev-20110104

BURIAL PERMIT

I hereby certify that the cremated remains accompanying this permit was disposed of in accordance with its terms at:

Rural Cemetery in Southborough, MA
On March 12, 2011 in Sec. 5, Lot 1-A, Grv#2A

Certified by:

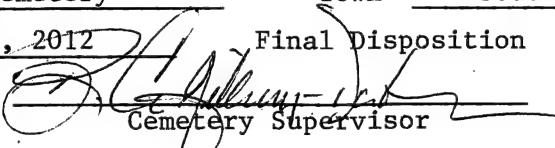


3

Print Date: 02/28/2011 9:50:53

Illinois Department of Public Health Division of Vital Records		PERMIT FOR DISPOSITION OF CREMATED REMAINS	
NAME OF DECEASED HELEN FAY KUTZ		DATE OF DEATH JUNE 29, 2012	
PLACE OF DEATH (STREET OR INSTITUTION) 1111 ONTARIO	CITY OAK PARK	COUNTY COOK	VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY) DAWSON CREMATORY, FRANKLIN PARK, ILLINOIS			
<input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.			
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE JOANNA MARTIN, 833 W CHICAGO AVE, CHICAGO, ILLINOIS, 60642			
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE. SIGNED CHARLES MICHAEL WILLIAMS FUNERAL DIRECTOR			
FUNERAL HOME NAME AND ADDRESS DRECHSLER BROWN AND WILLIAMS FUNERAL HOME, 203 S MARION ST, OAK PARK, ILLINOIS, 60302			
REGISTRAR SIGNATURE DAVID ORR	DIST NO. 03100	DATE PERMIT ISSUED JUNE 30, 2012	
REGISTRAR ADDRESS RICHARD J DALEY CENTER, 50 WEST WASHINGTON CONCOURSE LEVEL, CHICAGO, ILLINOIS, 60602			

I hereby Certify that the cremated remains of Helen Fay Kutz accompanying this permit was disposed of in accordance with its terms.

At Rural Cemetery Town Southborough, MA
 on July 20, 2012 Final Disposition Sec.6, Lot 52, Grv#6B
 Certified by 
Cemetery Supervisor

RECEIVED
TOWN CLERK'S OFFICE
2012 JUL 26 P 3: C!
mg

I hereby certify that the cremated remains of Richard J. Kutz were buried in Southborough's Rural Cemetery in Section 6, Lot 52, and in Grv#6A. Burial took place on March 30th of 2006.

Bridget A. Gilleney-DeCenzo
Bridget A. Gilleney-DeCenzo (Cemetery Supervisor)

Illinois Department of Public Health
Division of Vital Records

603355

PERMIT FOR DISPOSITION
OF CREMATED REMAINS

NAME OF DECEASED Richard John Kutz		DATE OF DEATH March 7, 2006	
PLACE OF DEATH (STREET OR INSTITUTION) Rush Univ. Medical Center	CITY Chicago	COUNTY Cook	VETERAN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORIAL) Monarch Crematory, Franklin Park, IL			
<input checked="" type="checkbox"/> CREMATION		<input type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER	

IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.

NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE

Michael Musacchio, M.D. 1653 W. Congress Fwy, Chicago, IL 60612

I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE.

SIGNED

Charles M. Williams Charles M. Williams, FUNERAL DIRECTOR

FUNERAL HOME NAME AND ADDRESS

REGISTRAR SIGNATURE

D. M. Williams

Oak Park, IL 60302

REGISTRAR ADDRESS

Cherry Avenue

DATE PERMIT ISSUED

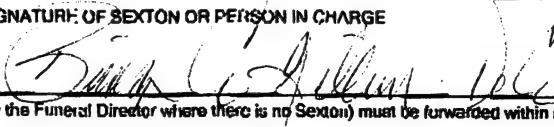
MAR 09 2006

CHICAGO, ILLINOIS

RECEIVED
TOWN CLERK'S OFFICE
2011 MAY 25 A 8:27
SOUTHBOROUGH, MA

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO
			2. CITY OR TOWN
3. DECEASED'S NAME (First, Middle, Last) MILDRED M LACOMBE			4. SEX FEMALE
5. DATE OF DEATH (Month, Day, Year) MAY 14, 2011			
6. AGE 87 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 16, 1923	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD	9. COUNTY OF DEATH MERRIMACK
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3.Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 1			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY			
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA			
13. DATE OF DISPOSITION (Refer to 19a) MAY 18, 2011			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
16. FUNERAL DIRECTOR MICHAEL J BALES			17. N.H. LIC. NUM ONLY 840
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) MICHAEL BALES		20. CITY/TOWN CONCORD	21. DATE ISSUED (Month, Day, Year) MAY 17, 2011
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) 5/18/2011	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION B-West Lot 44S	31. GRAVE NO. 3	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

8/12/03 Pg.480 Sec.C-west,Lot40S,Grv#2 removal, Morris F.H.

R-309 **The Commonwealth of Massachusetts** flagg vault

No. 03-08

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town SOUTHBOROUGH Date Aug. 7, 2003

A satisfactory death certificate having been filed for

RUTH R. LAMBERT

Full name of decedent

who died on Feb. 20, 1977 US War Veteran

date of death

born on Sept. 13, 1930, who resided at

date of birth

SOUTH BOROUGH, MA

and who died of MALIGNANT LYMPHOMA give immediate cause

Permission is hereby given for (check all appropriate boxes):

Sec. C-West

Removal from: RURAL CEMETERY Lot. 40S., Grv#2.....

name and address of original disposition

Disposition at: RONSEVELL CEMETERY, Freetown, MA

name and address of cemetery or crematory

Transportation to:
name and address of immediate destination of remains

Permission is hereby given to:

MARK'S Funeral Home

name of facility

40 Main St.

address of facility

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

Endorsement

I hereby certify that the body accompanying this permit was removed from Rural Cemetery Southborough, MA for a burial in Rounsevell Cemetery Freetown, MA

on August 12, 2003

Removal from Section C-West, Lot 40S, Grv#2

Certified by

D. J. Kelly - Cemetery Supervisor

Mark Index Card

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

DISPOSITION / TRANSIT PERMIT

(See reverse side for completion instructions)

No. 1154168

Section A – Local Registrar or Funeral Director**RECEIVED**

Transcribe information as listed on Certificate of Death per corresponding item numbers in parentheses.

Full Name of Decedent (1.) <i>Allen Campbell Langord</i>	Sex (2.) <i>M</i>	Date of Death (4.) <i>05/20/15</i>	Date of Birth (6.) <i>11-27-1935</i>
County of Death (15d.) <i>Lawrence</i>	City, Boro, Twp. of Death (15c.) <i>New Wilmington</i>	Facility Name (15b.) <i>235 E. Main Street, Suite</i>	<i>NB</i>
Was Decedent ever in the U.S. Armed Forces? (9.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Cause of Death (26.) <i>Metastatic Cancer</i>			
Authorized Method of Disposition (Check all that apply) (16a.)			Date of Disposition (16b.)
<input type="checkbox"/> Cremation (Authorization No., if applicable) _____ or verbal OK per: <i>NAME / DATE</i>			
<input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <i>3.26.15</i>			
<input type="checkbox"/> Removal from Pennsylvania (Specify method of removal, if applicable) <i>3.26.15</i>			

Place of Disposition (Name of cemetery, crematory, or other place as listed in Item 16c.)

Southborough Rural Cemetery

Location (City/town, state, zip code as listed in Item 16d.)

Southborough MA 01772

County (if in Pennsylvania)

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., §450.504,
28 PA CODE, CHAPTER 1, AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.**Section B – Local Registrar**

Signature and district number of Local Registrar issuing permit:

*Melissa Beker**43414*

Was this permit released as a blank pre-signed permit prior to filing the death certificate?

 Yes No

Complete Address

700 Smith Ave Sharon, Pa 16146

If yes, date released to funeral director:

If no, date permit issued by local registrar: *3-20-15***Section C – Funeral Service Licensee
(or person in charge of interment)**Funeral Director License # *011686-2*

Signature of Funeral Service Licensee (or person in charge of interment):

*Craig Gough Smith*Date *3-26-15*

Complete Address

*310 W. Washington Ave New Wilmington, Pa 16142***Section D – Cemetery or Crematory Official**

I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.

Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains):

*Todd J. Murphy*Date of Disposition *3-26-2015*

Complete Address

Rural Cemetery

Southborough, MA 01772

Full Earth Burial in Sec. M, Grv#350

INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

Copies 1, 2 & 3: Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person in charge of interment) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 842-5040, select option 6, option 3, and then option 2, for the name and address of appropriate local registrar in district where disposition occurred. If place of disposition is not located in Pennsylvania, copy 2 should not be returned to the local registrar and should be filed in accordance with the respective state's policies.

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within 10 days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, select option 6, option 3, and then option 2, for the name and address of appropriate local registrar in district where disposition occurred. If place of disposition is not located in Pennsylvania, copy 2 should not be returned to the local registrar and should be filed in accordance with the respective state's policies.
- (3) Submit at the end of each month to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.

Copy 4: Issuing local registrar retains for his/her files.

INSTRUCTIONS FOR COMPLETION OF DISPOSITION/TRANSIT PERMIT

All individuals whose signatures appear on this Disposition/Transit Permit certify that he or she has met all requirements of the following:

- **Vital Statistics Law 35 P.S., §450.504**
- **28 PA Code, Chapter 1**
- **Any other Commonwealth Laws regarding disposition of dead bodies**

Section A

Local registrar or funeral director is responsible for completion, as follows:

- Transcribe information as listed on Certificate of Death per corresponding item numbers in parentheses.
- Indicate applicable method(s) of disposition.
- Enter county in which the cemetery, crematory, or other place of disposition is located if place of disposition is in Pennsylvania. If place of disposition is not in Pennsylvania, enter "N/A" if county unknown.
- Enter permit number (as it appears in top right corner of the Disposition/Transit Permit) on the Certificate of Death.

Section B

Local registrar releasing Disposition/Transit Permit is responsible for completion, as follows:

Disposition/transit permit is not valid unless the following information has been entered in this section:

- Signature and district number of local registrar.
- Complete address of local registrar.
- Date Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit (prior to the filing of the Certificate of Death) OR date Disposition/Transit Permit was issued by local registrar.

Section C

Funeral Service Licensee (or person in charge of Interment) is responsible for completion, as follows:

- Funeral director's license number, if applicable.
- Signature and complete address of the funeral service licensee or person in charge of Interment.
- If Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit prior to the filing of the Certificate of Death, funeral director must enter date Section A was completed. If not a pre-signed permit, funeral service licensee or person in charge of Interment must enter date of signature.

IMPORTANT: The Certificate of Death must be filed with the local registrar who released the pre-signed permit (as reflected in Section B).

Section D

Cemetery or Crematory Official is responsible for completion, as follows:

- Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- Date of disposition.

Please refer to the front of this permit regarding instructions for distribution of copies.



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL — TRANSIT PERMIT

11-15-91
C 1:36 P.M.

A. (Type or Print)

1. Name of Deceased	First Irene	Middle Rita	Last Lawless	DATE OF DEATH	Month november	Day 9	Year 1991
2. Place of Death	City, Town or Location County Brevard Indian Harbour Beach			Name of (If neither, give street address) Hosp. or Inst. 212 N. Emerald Drive			
3. Name of Medical Certifier	<input type="checkbox"/> Medical Examiner			Address (407) 725-4500 Phone Number			
	<input checked="" type="checkbox"/> Physician Joseph McClure, M.D.			200 E. Sheridan Road, Melbourne, Fl.			
4. Name of Funeral Home/ Direct Disposer	Address Beach Funeral Home 1689 S. Patrick Drive Indian Harbour Bch, Fl.			Fla. Lic. No./Reg. No.	Phone Number (Area Code)		
				1491	(407) 777-4640		
5. Check Appropriate Box	a <input type="checkbox"/>	The medical certification has been completed and signed. A completed certificate of death accompanies this application.					
	b <input checked="" type="checkbox"/>	Dr. McClure was contacted on 11-9-91 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that he will complete and sign the medical certification of cause of death.					
	c <input type="checkbox"/>	_____ was contacted on _____ . He/she verified that _____ , Medical Examiner, will complete and sign the medical certification.					

6. Place of Final Disposition:	<input type="checkbox"/> In state cemetery/ crematory - name/county:	<input type="checkbox"/> Removal from state	<input type="checkbox"/> Donation
7. Funeral Director/ Direct Disposer	Signature <i>David P. Molineaux</i>	F.F. No./Reg. No. 1929	Date Signed November 10, 1991

B. BURIAL — TRANSIT PERMIT

Permit No. **139-91-191**

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature *Nancy B. Molineaux* Date Issued: **11-10-91** Date Certificate Due: _____

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Signature _____, Medical Examiner Date _____
or
Medical Examiner, _____, gave authorization by telephone to _____

Funeral Director/Direct Disposer. Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Methods of Disposition:

 BURIAL STORAGEPlace of Disposition **Rural Cemetery, Southboro, MA** CREMATION OTHER (Specify)Date of Disposition **November 13, 1991**Signature of Sexton)
or Person-in-Charge) *Beth J. L. McElroy*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

RECEIVED
CLERK'S OFFICE

2013 NOV 25 A 9:49

SOUTHBOROUGH, MA *11/25/13*

RIVER-SIDE CEMETERY, INC.

274 Main St, Fairhaven, Massachusetts 02719
Telephone: 508-999-6978 . Fax: 508-999-6964

RIVER-SIDE CEMETERY

NASKATUCKET CEMETERY

RIVER-SIDE CREMATORIUM

Cremation Certificate

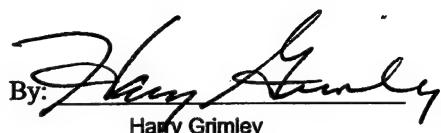
Date: Friday, November 02, 2012

River-Side Cemetery, Inc certifies that the burial permit and medical certificate of the medical examiner prerequisite to the cremation of the body of Barbara E. Leeds who died on Tuesday, October 30, 2012 at the age of 91 have been duly presented.

Cremation Number 9005 Funeral Home: Potter

Cause of Death: Advanced Dementia

Late Residence: 285 Commonwealth Road
Wayland MA 01778-

By: 
Harry Grimley

I hereby certify that the cremated remains of
Barbara E. Leeds accompanying this certificate was disposed of
in accordance with it's terms.

At River Cemetery Town Southborough, Ma
On November 22, 2013 Final Disposition Urns
Certified by D. L. Grimley Cemetery Supervisor, Town of Southborough

RIVER-SIDE CEMETERY, INC.

274 Main St, Fairhaven, Massachusetts 02719
Telephone: 508-999-6978 . Fax: 508-999-6964

RECEIVED
TOWN OF SOUTHBOROUGH OFFICE

RIVER-SIDE CEMETERY

NASKATUCKET CEMETERY

RIVER-SIDE CREMATORIUM

ZON SEP 15 P 1:41

Cremation Certificate

SOUTHBOROUGH, MA

Date: Tuesday, September 02, 2014

River-Side Cemetery, Inc certifies that the burial permit and medical certificate of the medical examiner prerequisite to the cremation of the body of Jacquelyn E. Leeds who died on Thursday, August 28, 2014 at the age of 58 have been duly presented.

Cremation Number 11143 Funeral Home: Potter

Cause of Death: Cardiopulmonary Failure

Late Residence: 118 Middle Road
Southborough Worcester Co. MA 01772-

By Harry Grimley
Harry Grimley

I hereby certify that the cremated remains of Jacquelyn E. Leeds accompanying this certificate was disposed of in accordance with it's terms.

At River Cemetery Town Southborough MA
On Sept 9, 2014 Final Disposition May 196
Certified by S. Grimley Cemetery Supervisor, Town of Southborough

RECEIVED
TOWNSHIP OF SCOTTSBOROUGH, FLA.
OFFICE
2014 SEP 17 P 1:39

State of Florida, Department of Health, Bureau of Vital Statistics



DATE PRINTED: September 12, 2014

TRACKING NUMBER: 2014131938

1.

DECEDENT INFORMATION

Name of Deceased

MILDRED D LEVANDOSKY

Date of Death

September 10, 2014

Place of Death - County

MANATEE

City, Town or Location

BRADENTON

Name of facility, or street address if not a facility

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER M

Name and Address of Funeral Home/Direct Disposal Establishment

BROWN AND SONS FUNERAL HOME & CREMATORY - 26TH ST F040460
5624 26TH ST WEST
BRADENTON, FLORIDA, 34207

Fla. Lic. No./Reg. No.

F040460

Phone Number

(941) 758-7788

Funeral Director/Direct Disposer

DALE E. BROWN

Fla. Lic. No./Reg. No.

F043622

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Meade Grigg, State Registrar

Permit Number: 2014-F040460-5178

Date Issued: September 12, 2014

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4.

CEMETERY OR CREMATORI

Place of Disposition: RURAL CEMETERY

Sec. 1, Lot 26B, Grv#2

Method of Disposition: REMOVAL FROM STATE

Date of Disposition: Sept. 16, 2014

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JUNE 1, 2004 AT 3:00 PM

State of Maryland / Department of Health and Mental Hygiene

Burial-Transit Permit (This permit must accompany remains to destination)

Paul J. Berry

TOWN

2- For State Registrar

Reg. No. PAUL J. BERRY, CLERK

1. Decedent's Name (First, Middle, Last) MARY DAVIS LEWIS				2. Date of Death Month Day Year MARCH 19 2004				3. Time of Death 1:10 A M	
4a. Facility Name (If not institution, give street and number) MANGER CARE OF CHEVY CHASE				4b. City, Town, or Location of Death CHEVY CHASE				4c. County of Death MONTGOMERY	
5. Social Security Number 013-14-3203	6. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	7. Age (In yrs, last birthday) 88 Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Year) MARCH 2, 1916	9. Birthplace (State or Foreign Country) MASSACHUSETTS			
Usual Residence of Decedent 10a. State MARYLAND		10b. County MONTGOMERY		10c. City, Town or Location BETHESDA			10d. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10e. Street and Number 6204 VORLICH LANE				10f. Zip Code 20816			10g. Citizen of What Country? UNITED STATES		
11. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced	12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Give Year or Dates: 5+			13. Was Decedent of Hispanic Origin? (Specify Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify: WHITE			14. Race - American Indian, Black, White, etc. Specify: WHITE		
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 5+				16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) TEACHER			16b. Kind of Business/Industry EDUCATION		
17. Father's Name (First, Middle, Last) WILLIAM NORTH DAVIS				18. Mother's Name (First, Middle, Maiden Surname) EVA BELLE LANDRY					
19a. Informant's Name/Relationship (Type, Print) MARJORIE FRANKLIN / DAUGHTER				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6204 VORLICH LANE; BETHESDA MD 20816					
20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) CHESAPEAKE CREMATORIUM				20b. Place and Date of Disposition (Name of cemetery, crematory or other place) CHESAPEAKE CREMATORIUM			Date MARCH 24 2004	20c. Location - City or Town, State BELTSVILLE, MD	
21. Signature of Funeral Service Licensee Stephen Schumann				22. Name and Address of Facility RAPP FUNERAL & CREMATION SERVICES 933 GIST AVE; SILVER SPRING MD 20910					

Authority for Burial, Transportation, Removal, Cremation or Other Disposition

This burial permit, when completely filled in and bearing below the signature of the attending physician and funeral director, constitutes authority for burial, transportation, removal, cremation or other disposition of the deceased named above.

Cemetery or Crematory Authority Shall Fill Out Section Below

cremated remains

The deceased named above was buried cremated in the cemetery or crematory named in Item 20b.Rural Cemetery Southborough
Burial was in Section **B-East** Lot **5** Grave **B**

I have made the appropriate entry in the cemetery or crematory register.

Signature
Stephen SchumannDate signed **15-15-04**

Sexton or other person in charge

This burial transit permit must be signed above by the cemetery or crematory authority. Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

If burial took place in Maryland this permit must be returned within ten days to the:

Maryland Department of Health and Mental Hygiene
 Division of Vital Records
 6550 Reisterstown Road Plaza
 Baltimore, Maryland 21215

28a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	29b. Signature and title of certifier Roman R. Tull MD	29c. License number 10810 DARNESTOWN RD #202	29d. Date signed (Month, Day, Year) 05-15-04
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ROMAN R. TULL MD 10810 DARNESTOWN RD #202 GAITHERSBURG, MD 20878			
31. Date filed (Month, Day, Year)	32. Registrar's Signature ►		

State Registrar

No 489

Quito, 22 de Agosto del 2012

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SOUTHBOROUGH, MA

JMK

CERTIFICADO DE CREMACIÓN

El presente documento certifica que cumplidos los requisitos de ley, previa autorización y bajo la responsabilidad de los familiares, el día 22 de Agosto del 2012 se procede al Servicio de Cremación de Quien en Vida Fue:

*James David Lizotte
Pierce*

Atentamente

José Fortunatte

José Fortunatte

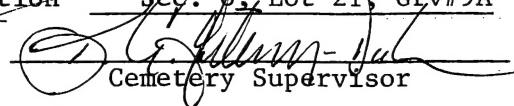
FUNDEPAZ CIA. LTDA.

E-mail: servicios@fundepaz.com.ec

I hereby certify that the cremated remains of James David Lizotte, accompanying this permit, was disposed of in accordance with its terms:

at Rural Cemetery On December 7, 2013Final Disposition Sec. 8, Lot 21, Grv#9A

Certified by



G. Julian
Cemetery Supervisor